

RCRA Waste Site Identification Form

Site ID



State of Oregon
Department of
Environmental
Quality

State of Oregon Department of Environmental Quality

Accounting Section

811 SW Sixth Avenue, Portland, OR 97204-1390

Questions: (503)229-6511 in Portland, OR or toll free in Oregon: (800)452-4011 Ext. 6511

Fax: (503)229-6977

TTY: (503)229-6993

Email: hazwaste@deq.state.or.us

Web site: www.DeqHazWaste.net

1. Reason for Submittal

☒ To provide **New Notification of Regulated Waste Activity** (complete entire form)

☒ Initial Notification (\$200 non-refundable fee required)

☐ Change in business ownership (represent the new owner) (No fee required)

☐ Reactivation of RCRA Site ID Number (\$200 non-refundable fee required)

☐ To provide **Revised Site Identification Information**

☐ To **Withdraw Site Identification Number**

Effective Date: 03/02/1992

☐ Completion of RCRA waste activity

☐ Change in business ownership (represent the old owner)

☒ To provide as a component of the **Annual Hazardous Waste Report** (skip section 11, 12, and 13)

Reporting Year: 1991

If ownership changed:

☒ Filing for entire year

☐ Filing for partial year

2. RCRA Site ID Number:

ORD009056037

3a. Site Location Information

Company Name: Consolidated Metco Inc

Site Location: 13940 N RIVERGATE BLVD

PORTLAND, OR 97203

County: MULTNOMAH

Corp. Div. Reg. Nbr.:

NAICS Code:

Employee Count: 225

4a. Site Contact

Person Name:

Mailing Address:

Country:

Phone Number (Ext):

Email Address:

5a. Land Owner

Name:

Mailing Address:

Country:

Phone Number (Ext):

Owner Type:

☐ Private

☐ Federal

☐ State

☐ County

☐ District

☐ Municipal

☐ Tribal

☐ Other

RCRA Waste Site Identification Form

Site ID

RCRA Site ID Number:

ORD009056037

6a. Legal Owner

Name: Consolidated Metco, Inc.
Mailing Address: PO Box 83201
Portland, OR 97283-0201
Country: United States
Phone Number (Ext): (503) 286-5741
Owner Since: 01/01/1981
Owner Type: ☒ Private ☐ Federal ☐ State ☐ County ☐ District ☐ Municipal ☐ Tribal ☐ Other

7a. Site Operator

Name:
Mailing Address:
Country:
Phone Number (Ext):
Operator Since:
Operator Type: ☐ Private ☐ Federal ☐ State ☐ County ☐ District ☐ Municipal ☐ Tribal ☐ Other

8a. Hazardous Waste Forms Contact

Person Name:
Organization:
Mailing Address:
Country:
Phone Number (Ext):
Email Address:

9a. Hazardous Waste Fee Contact

Person Name:
Organization:
Mailing Address:
Country:
Phone Number (Ext):
Email Address:

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10. Hazardous Waste Activities (Mark the appropriate boxes for activities that apply to your site)

1. Generator of Hazardous Waste

- ☐ a. LQG: Large Quantity Generator (Generates greater than 2,200 lbs/mo or more than 2.2 lbs of acute hazardous waste)
- ☒ b. SQG: Small Quantity Generator: (Generates between 220-2,200 lbs/mo or more than 2,200 lbs accumulated on-site)
- ☐ c. CEG: Conditionally Exempt Generator: (Generates between 0-220 lbs/mo, less than 2.2 lbs of acute hazardous waste and less than 2,200 lbs accumulated on-site)

2. Are you a hazardous waste generator due to remediation of environmental contamination or a business closure?

- ☐ Yes ☒ No

If yes, find out about expedited annual reporting at:

www.deq.state.or.us/wmc/hw/factsheets/HWFeesForCleanups.p

☐ 3. Importer of Hazardous Waste

☐ 4. Generator of Mixed Waste (hazardous and radioactive)

5. Transporter of Hazardous Waste

- ☐ a. Transports hazardous waste generated at this facility
- ☐ b. Transports for commercial purposes
- ☐ c. Hazardous Waste Transfer Facility

☐ 6. Treatment, Storage, Disposal (TSD) Facility

(Note: A RCRA Permit is required for this activity)

7. Recycler of Hazardous Waste

- ☐ a. Recycles HW generated at this facility
- ☐ b. Recycles HW generated by other facilities

8. Hazardous waste management in RCRA permit exempt units (e.g. elementary neutralization units, waste water treatment units, or accumulation tanks or containers)

- ☐ a. Manages HW generated at this facility
- ☐ b. Manages HW generated by other facilities

9. Exempt Boiler and/or Industrial Furnace

- ☐ a. Small Quantity On-Site Burner Exemption
- ☐ b. Smelting, Melting, Refining Furnace Exemption

☐ 10. Underground Injection Control

If yes, there may be addition reporting requirements at:
www.deq.state.or.us/wq/groundwa/uichome.htm

11. Description of Hazardous Wastes

1. Waste Codes for Federally Regulated Hazardous Wastes: Identify the federal hazardous waste codes that best describe your waste (e.g., D001 - Ignitable, D002 - Corrosive, D003 - Reactive, etc.) List additional federal codes in the comments section.

2. Waste Codes for State Regulated (i.e., non-federal) Hazardous Wastes: Identify the Oregon state-only hazardous waste codes that best describe your waste (e.g., ORX001, ORX007, ORP003, ORU001, etc.)

12. Universal Waste Activities (Mark the appropriate boxes for activities that apply to your site)

☐ 1. Large Quantity Handler of Universal Waste

(Accumulates a total of 11,000 lbs. or more of universal waste at any time, at the location at which it was generated)

☐ 2. Off-site Universal Waste Collection Site

(Accumulates a total of 2,000 lbs. or more of universal waste received from off-site). If yes, there are additional notification requirements at:

www.deq.state.or.us/wmc/documents/uwnotification.pdf

☐ 3. Pesticide Collection Program

(Collects and accumulates waste pesticides from off-site). If yes, there are additional notification requirements at:

www.deq.state.or.us/wmc/documents/uwnotification.pdf

☐ 4. Destination Facility for Universal Waste

(A facility that treats, disposes of, or recycles universal wastes on-site)

5. Mark all boxes that apply

	Generate	Accumulate
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Mercury containing thermostats	<input type="checkbox"/>	<input type="checkbox"/>
c. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
d. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>

13. Used Oil Activities (Mark the appropriate boxes for activities that apply to your site)

☐ 1. Used Oil Collection Center

☐ 2. Used Oil Transporter

☐ 3. Used Oil Transfer Facility

4. Used Oil Processor/Re-refiner

Indicate type(s) of activity(s)

- ☐ a. Processor
- ☐ b. Re-refiner

☐ 5. Off-Specification Used Oil Burner (not used oil space heaters operating according to CFR 279.23)

6. Used Oil Fuel Marketer

Indicate type(s) of activity(s)

- ☐ a. Marketer who directs shipments of off-specification used oil to off-specification used oil burner
- ☐ b. Marketer who first claims the used oil to meet the specifications

RCRA Waste Site Identification Form**Site ID**

RCRA Site ID Number:

ORD009056037

14. Comments**15. Certification**

This form cannot be processed without a signature

I certify that under penalty of law that I have personally examined and am familiar with the information submitted in this demonstration and all attached documents, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature_____
Date_____
Name (print or type)_____
Title

If you have special accommodation needs or require this document in an alternative format, please contact the Hazardous Waste Section in Portland at 503-229-6938 or toll-free within the State of Oregon at 1-800-452-4011, extension 6938

16. Electronic Submittals

DEQ will issue a PIN number and electronic filing instructions in a letter addressed to the Forms Contact in Section 8 on this form. The electronic reporting system may be used for your company's annual reporting and site identification updates.

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☐ To provide **New Notification of Regulated Waste Activity** (complete entire form)☐ Initial Notification (\$200 non-refundable fee required)☐ Change in business ownership (represent the new owner) (No fee required)☐ Reactivation of RCRA Site ID Number (\$200 non-refundable fee required)☐ To provide **Revised Site Identification Information**☐ To **Withdraw** Site Identification Number

Effective Date: 02/23/1993

☐ Completion of RCRA waste activity☐ Change in business ownership (represent the old owner)☒ To provide as a component of the **Annual Hazardous Waste Report** (skip section 11, 12, and 13)

Reporting Year: 1992

If ownership changed:

☒ Filing for entire year☐ Filing for partial year

2. RCRA Site ID Number:

ORD009056037

3a. Site Location Information

Company Name: Consolidated Metco Inc

Site Location: 13940 N RIVERGATE BLVD

PORTLAND, OR 97203

County: MULTNOMAH

Corp. Div. Reg. Nbr.:

NAICS Code:

Employee Count: 225

4a. Site Contact

Person Name:

Mailing Address:

Country:

Phone Number (Ext):

Email Address:

5a. Land Owner

Name:

Mailing Address:

Country:

Phone Number (Ext):

Owner Type:

☐ Private☐ Federal☐ State☐ County☐ District☐ Municipal☐ Tribal☐ Other

RCRA Waste Site Identification Form**Site ID**

RCRA Site ID Number:

ORD009056037

6a. Legal Owner

Name: Consolidated Metco, Inc.
Mailing Address: PO Box 83201
Portland, OR 97283-0201
Country: United States
Phone Number (Ext): (503) 286-5741
Owner Since: 01/01/1981

Owner Type: ☒ Private ☐ Federal ☐ State ☐ County ☐ District ☐ Municipal ☐ Tribal ☐ Other

7a. Site Operator

Name:
Mailing Address:

Country:

Phone Number (Ext):

Operator Since:

Operator Type: ☐ Private ☐ Federal ☐ State ☐ County ☐ District ☐ Municipal ☐ Tribal ☐ Other

8a. Hazardous Waste Forms Contact

Person Name:
Organization:
Mailing Address:

Country:
Phone Number (Ext):
Email Address:

9a. Hazardous Waste Fee Contact

Person Name:
Organization:
Mailing Address:

Country:
Phone Number (Ext):
Email Address:

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- ☒ b. SQG: Small Quantity Generator: (Generates between 220-2,200 lbs/mo or more than 2,200 lbs accumulated on-site)
- ☐ c. CEG: Conditionally Exempt Generator: (Generates between 0-220 lbs/mo, less than 2.2 lbs of acute hazardous waste and less than 2,200 lbs accumulated on-site)

2. Are you a hazardous waste generator due to remediation of environmental contamination or a business closure?

- ☐ Yes ☒ No

If yes, find out about expedited annual reporting at:
www.deq.state.or.us/wmc/hw/factsheets/HWFEesForCleanups.p

3. Importer of Hazardous Waste

4. Generator of Mixed Waste (hazardous and radioactive)

5. Transporter of Hazardous Waste

- ☐ a. Transports hazardous waste generated at this facility
- ☐ b. Transports for commercial purposes
- ☐ c. Hazardous Waste Transfer Facility

6. Treatment, Storage, Disposal (TSD) Facility

(Note: A RCRA Permit is required for this activity)

7. Recycler of Hazardous Waste

- ☐ a. Recycles HW generated at this facility
- ☐ b. Recycles HW generated by other facilities

8. Hazardous waste management in RCRA permit exempt units (e.g. elementary neutralization units, waste water treatment units, or accumulation tanks or containers)

- ☐ a. Manages HW generated at this facility
- ☐ b. Manages HW generated by other facilities

9. Exempt Boiler and/or Industrial Furnace

- ☐ a. Small Quantity On-Site Burner Exemption
- ☐ b. Smelting, Melting, Refining Furnace Exemption

10. Underground Injection Control

If yes, there may be addition reporting requirements at:
www.deq.state.or.us/wq/groundwa/uichome.htm

11. Description of Hazardous Wastes

1. Waste Codes for Federally Regulated Hazardous Wastes: Identify the federal hazardous waste codes that best describe your waste (e.g., D001 - Ignitable, D002 - Corrosive, D003 - Reactive, etc.) List additional federal codes in the comments section.

2. Waste Codes for State Regulated (i.e., non-federal) Hazardous Wastes: Identify the Oregon state-only hazardous waste codes that best describe your waste (e.g., ORX001, ORX007, ORP003, ORU001, etc.)

12. Universal Waste Activities (Mark the appropriate boxes for activities that apply to your site)

1. Large Quantity Handler of Universal Waste

(Accumulates a total of 11,000 lbs. or more of universal waste at any time, at the location at which it was generated)

2. Off-site Universal Waste Collection Site

(Accumulates a total of 2,000 lbs. or more of universal waste received from off-site). If yes, there are additional notification requirements at:

www.deq.state.or.us/wmc/documents/uwnotification.pdf

3. Pesticide Collection Program

(Collects and accumulates waste pesticides from off-site). If yes, there are additional notification requirements at:

www.deq.state.or.us/wmc/documents/uwnotification.pdf

4. Destination Facility for Universal Waste

(A facility that treats, disposes of, or recycles universal wastes on-site)

5. Mark all boxes that apply

	Generate	Accumulate
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Mercury containing thermostats	<input type="checkbox"/>	<input type="checkbox"/>
c. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
d. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>

13. Used Oil Activities (Mark the appropriate boxes for activities that apply to your site)

1. Used Oil Collection Center

2. Used Oil Transporter

3. Used Oil Transfer Facility

4. Used Oil Processor/Re-refiner

Indicate type(s) of activity(s)

- ☐ a. Processor
- ☐ b. Re-refiner

5. Off-Specification Used Oil Burner (not used oil space heaters operating according to CFR 279.23)

6. Used Oil Fuel Marketer

Indicate type(s) of activity(s)

- ☐ a. Marketer who directs shipments of off-specification used oil to off-specification used oil burner
- ☐ b. Marketer who first claims the used oil to meet the specifications

RCRA Waste Site Identification Form**Site ID**

RCRA Site ID Number:

ORD009056037

14. Comments**15. Certification**

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I certify that under penalty of law that I have personally examined and am familiar with the information submitted in this demonstration and all attached documents, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature_____
Date_____
Name (print or type)_____
Title

If you have special accommodation needs or require this document in an alternative format, please contact the Hazardous Waste Section in Portland at 503-229-6938 or toll-free within the State of Oregon at 1-800-452-4011, extension 6938

16. Electronic Submittals

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RCRA Waste Site Identification Form

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Accounting Section

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1. Reason for Submittal

☐ To provide **New** Notification of Regulated Waste Activity (complete entire form)☐ Initial Notification (\$200 non-refundable fee required)☐ Change in business ownership (represent the new owner) (No fee required)☐ Reactivation of RCRA Site ID Number (\$200 non-refundable fee required)☐ To provide **Revised** Site Identification Information☐ To **Withdraw** Site Identification Number

Effective Date: 02/22/1994

☐ Completion of RCRA waste activity☐ Change in business ownership (represent the old owner)☒ To provide as a component of the **Annual Hazardous Waste Report** (skip section 11, 12, and 13)

Reporting Year: 1993

If ownership changed:

☒ Filing for entire year☐ Filing for partial year

2. RCRA Site ID Number:

ORD009056037

3a. Site Location Information

Company Name: Consolidated Metco Inc

Site Location: 13940 N RIVERGATE BLVD

PORTLAND, OR 97203

County: MULTNOMAH

Corp. Div. Reg. Nbr.:

NAICS Code:

Employee Count: 225

4a. Site Contact

Person Name: Brice Barker

Mailing Address:

Country:

Phone Number (Ext):

Email Address:

5a. Land Owner

Name: Consolidated Metco, Inc.

Mailing Address: PO Box 83201

Portland, OR 97283-0201

Country: United States

Phone Number (Ext): (503) 286-5741

Owner Type: ☒ Private ☐ Federal ☐ State ☐ County ☐ District ☐ Municipal ☐ Tribal ☐ Other

RCRA Waste Site Identification Form**Site ID**

RCRA Site ID Number:

ORD009056037

6a. Legal Owner

Name: Consolidated Metco, Inc.
Mailing Address: PO Box 83201
Portland, OR 97283-0201
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Phone Number (Ext): (503) 286-5741
Owner Since: 01/01/1981

Owner Type: ☒ Private ☐ Federal ☐ State ☐ County ☐ District ☐ Municipal ☐ Tribal ☐ Other

7a. Site Operator

Name: Ernest Nimister
Mailing Address: PO Box 83201
Portland, OR 97283-0201
Country: United States
Phone Number (Ext): (503) 240-5493

Operator Since:

Operator Type: ☐ Private ☐ Federal ☐ State ☐ County ☐ District ☐ Municipal ☐ Tribal ☐ Other

8a. Hazardous Waste Forms Contact

Person Name:
Organization:
Mailing Address:

Country:
Phone Number (Ext):
Email Address:

9a. Hazardous Waste Fee Contact

Person Name:
Organization:
Mailing Address:

Country:
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1. Generator of Hazardous Waste

- ☐ a. LQG: Large Quantity Generator (Generates greater than 2,200 lbs/mo or more than 2.2 lbs of acute hazardous waste)
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2. Are you a hazardous waste generator due to remediation of environmental contamination or a business closure?

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☐ 4. Generator of Mixed Waste (hazardous and radioactive)

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If yes, there may be addition reporting requirements at:
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5. Mark all boxes that apply

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a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
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13. Used Oil Activities (Mark the appropriate boxes for activities that apply to your site)

☐ 1. Used Oil Collection Center

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Indicate type(s) of activity(s)

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Reporting Year: 1994

If ownership changed:

☒ Filing for entire year☐ Filing for partial year

2. RCRA Site ID Number:

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3a. Site Location Information

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Site Location: 13940 N RIVERGATE BLVD

PORTLAND, OR 97203

County: MULTNOMAH

Corp. Div. Reg. Nbr.:

NAICS Code:

Employee Count: 225

4a. Site Contact

Person Name: Brice Barker

Mailing Address:

Country:

Phone Number (Ext):

Email Address:

5a. Land Owner

Name: Consolidated Metco, Inc.

Mailing Address: PO Box 83201

Portland, OR 97283-0201

Country: United States

Phone Number (Ext): (503) 286-5741

Owner Type: ☒ Private ☐ Federal ☐ State ☐ County ☐ District ☐ Municipal ☐ Tribal ☐ Other

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Operator Since:

Operator Type: ☒ Private ☐ Federal ☐ State ☐ County ☐ District ☐ Municipal ☐ Tribal ☐ Other

8a. Hazardous Waste Forms Contact

Person Name:
Organization:
Mailing Address:
Country:
Phone Number (Ext):
Email Address:

9a. Hazardous Waste Fee Contact

Person Name:
Organization:
Mailing Address:
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- ☐ a. LQG: Large Quantity Generator (Generates greater than 2,200 lbs/mo or more than 2.2 lbs of acute hazardous waste)
- ☒ b. SQG: Small Quantity Generator: (Generates between 220-2,200 lbs/mo or more than 2.200 lbs accumulated on-site)
- ☐ c. CEG: Conditionally Exempt Generator: (Generates between 0-220 lbs/mo, less than 2.2 lbs of acute hazardous waste and less than 2,200 lbs accumulated on-site)

2. Are you a hazardous waste generator due to remediation of environmental contamination or a business closure?

- ☐ Yes ☒ No

If yes, find out about expedited annual reporting at:

www.deq.state.or.us/wmc/hw/factsheets/HWFeesForCleanups.p

☐ 3. Importer of Hazardous Waste

☐ 4. Generator of Mixed Waste (hazardous and radioactive)

5. Transporter of Hazardous Waste

- ☐ a. Transports hazardous waste generated at this facility
- ☐ b. Transports for commercial purposes
- ☐ c. Hazardous Waste Transfer Facility

☐ 6. Treatment, Storage, Disposal (TSD) Facility

(Note: A RCRA Permit is required for this activity)

7. Recycler of Hazardous Waste

- ☐ a. Recycles HW generated at this facility
- ☐ b. Recycles HW generated by other facilities

8. Hazardous waste management in RCRA permit exempt units (e.g. elementary neutralization units, waste water treatment units, or accumulation tanks or containers)

- ☐ a. Manages HW generated at this facility
- ☐ b. Manages HW generated by other facilities

9. Exempt Boiler and/or Industrial Furnace

- ☐ a. Small Quantity On-Site Burner Exemption
- ☐ b. Smelting, Melting, Refining Furnace Exemption

☐ 10. Underground Injection Control

If yes, there may be addition reporting requirements at:

www.deq.state.or.us/wq/groundwa/uichome.htm

11. Description of Hazardous Wastes

1. Waste Codes for Federally Regulated Hazardous Wastes: Identify the federal hazardous waste codes that best describe your waste (e.g., D001 - Ignitable, D002 - Corrosive, D003 - Reactive, etc.) List additional federal codes in the comments section.

2. Waste Codes for State Regulated (i.e., non-federal) Hazardous Wastes: Identify the Oregon state-only hazardous waste codes that best describe your waste (e.g., ORX001, ORX007, ORP003, ORU001, etc.)

12. Universal Waste Activities (Mark the appropriate boxes for activities that apply to your site)

☐ 1. Large Quantity Handler of Universal Waste

(Accumulates a total of 11,000 lbs. or more of universal waste at any time, at the location at which it was generated)

☐ 2. Off-site Universal Waste Collection Site

(Accumulates a total of 2,000 lbs. or more of universal waste received from off-site). If yes, there are additional notification requirements at:

www.deq.state.or.us/wmc/documents/uwnotification.pdf

☐ 3. Pesticide Collection Program

(Collects and accumulates waste pesticides from off-site). If yes, there are additional notification requirements at:

www.deq.state.or.us/wmc/documents/uwnotification.pdf

☐ 4. Destination Facility for Universal Waste

(A facility that treats, disposes of, or recycles universal wastes on-site)

5. Mark all boxes that apply

	Generate	Accumulate
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Mercury containing thermostats	<input type="checkbox"/>	<input type="checkbox"/>
c. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
d. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>

13. Used Oil Activities (Mark the appropriate boxes for activities that apply to your site)

☐ 1. Used Oil Collection Center

☐ 2. Used Oil Transporter

☐ 3. Used Oil Transfer Facility

4. Used Oil Processor/Re-refiner

Indicate type(s) of activity(s)

- ☐ a. Processor
- ☐ b. Re-refiner

☐ 5. Off-Specification Used Oil Burner (not used oil space heaters operating according to CFR 279.23)

6. Used Oil Fuel Marketer

Indicate type(s) of activity(s)

- ☐ a. Marketer who directs shipments of off-specification used oil to off-specification used oil burner
- ☐ b. Marketer who first claims the used oil to meet the specifications

RCRA Waste Site Identification Form**Site ID**

RCRA Site ID Number:

ORD009056037

14. Comments**15. Certification**

This form cannot be processed without a signature

I certify that under penalty of law that I have personally examined and am familiar with the information submitted in this demonstration and all attached documents, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature_____
Date_____
Name (print or type)_____
Title

If you have special accommodation needs or require this document in an alternative format, please contact the Hazardous Waste Section in Portland at 503-229-6938 or toll-free within the State of Oregon at 1-800-452-4011, extension 6938

16. Electronic Submittals

DEQ will issue a PIN number and electronic filing instructions in a letter addressed to the Forms Contact in Section 8 on this form. The electronic reporting system may be used for your company's annual reporting and site identification updates.

RCRA Waste Site Identification Form

Site ID



State of Oregon
Department of
Environmental
Quality

State of Oregon Department of Environmental Quality

Accounting Section

811 SW Sixth Avenue, Portland, OR 97204-1390

Questions: (503)229-6511 in Portland, OR or toll free in Oregon: (800)452-4011 Ext. 6511

Fax: (503)229-6977

TTY: (503)229-6993

Email: hazwaste@deq.state.or.us

Web site: www.DeqHazWaste.net

1. Reason for Submittal

☐ To provide **New Notification of Regulated Waste Activity** (complete entire form)

☐ Initial Notification (\$200 non-refundable fee required)

☐ Change in business ownership (represent the new owner) (No fee required)

☐ Reactivation of RCRA Site ID Number (\$200 non-refundable fee required)

☐ To provide **Revised Site Identification Information**

☐ To **Withdraw** Site Identification Number

Effective Date: 02/07/1996

☐ Completion of RCRA waste activity

☐ Change in business ownership (represent the old owner)

☒ To provide as a component of the **Annual Hazardous Waste Report** (skip section 11, 12, and 13)

Reporting Year: 1995

If ownership changed:

☒ Filing for entire year

☐ Filing for partial year

2. RCRA Site ID Number:

ORD009056037

3a. Site Location Information

Company Name: Consolidated Metco Inc

Site Location: 13940 N RIVERGATE BLVD

PORTLAND, OR 97203

County: MULTNOMAH

Corp. Div. Reg. Nbr.:

NAICS Code:

Employee Count: 225

4a. Site Contact

Person Name: Brice Barker

Mailing Address:

Country:

Phone Number (Ext):

Email Address:

5a. Land Owner

Name: Consolidated Metco, Inc.

Mailing Address: PO Box 83201

Portland, OR 97283-0201

Country: United States

Phone Number (Ext): (503) 286-5741

Owner Type: ☒ Private ☐ Federal ☐ State ☐ County ☐ District ☐ Municipal ☐ Tribal ☐ Other

RCRA Waste Site Identification Form**Site ID**

RCRA Site ID Number:

ORD009056037

6a. Legal Owner

Name: Consolidated Metco, Inc.
Mailing Address: PO Box 83201
Portland, OR 97283-0201
Country: United States
Phone Number (Ext): (503) 286-5741
Owner Since: 01/01/1981

Owner Type: ☒ Private ☐ Federal ☐ State ☐ County ☐ District ☐ Municipal ☐ Tribal ☐ Other

7a. Site Operator

Name: Consolidated Metco, Inc.
Mailing Address: PO Box 83201
Portland, OR 97283-0201
Country: United States
Phone Number (Ext): (503) 286-5741

Operator Since:

Operator Type: ☒ Private ☐ Federal ☐ State ☐ County ☐ District ☐ Municipal ☐ Tribal ☐ Other

8a. Hazardous Waste Forms Contact

Person Name:
Organization:
Mailing Address:

Country:
Phone Number (Ext):
Email Address:

9a. Hazardous Waste Fee Contact

Person Name:
Organization:
Mailing Address:

Country:
Phone Number (Ext):
Email Address:

RCRA Waste Site Identification Form

Site ID

RCRA Site ID Number:

ORD009056037

10. Hazardous Waste Activities (Mark the appropriate boxes for activities that apply to your site)

1. Generator of Hazardous Waste

- ☐ a. LQG: Large Quantity Generator (Generates greater than 2,200 lbs/mo or more than 2.2 lbs of acute hazardous waste)
- ☐ b. SQG: Small Quantity Generator: (Generates between 220-2,200 lbs/mo or more than 2,200 lbs accumulated on-site)
- ☒ c. CEG: Conditionally Exempt Generator: (Generates between 0-220 lbs/mo, less than 2.2 lbs of acute hazardous waste and less than 2,200 lbs accumulated on-site)

2. Are you a hazardous waste generator due to remediation of environmental contamination or a business closure?

- ☐ Yes ☒ No

If yes, find out about expedited annual reporting at:
www.deq.state.or.us/wmc/hw/factsheets/HWFeesForCleanups.p

☐ 3. Importer of Hazardous Waste

☐ 4. Generator of Mixed Waste (hazardous and radioactive)

5. Transporter of Hazardous Waste

- ☐ a. Transports hazardous waste generated at this facility
- ☐ b. Transports for commercial purposes
- ☐ c. Hazardous Waste Transfer Facility

☐ 6. Treatment, Storage, Disposal (TSD) Facility (Note: A RCRA Permit is required for this activity)

7. Recycler of Hazardous Waste

- ☐ a. Recycles HW generated at this facility
- ☐ b. Recycles HW generated by other facilities

8. Hazardous waste management in RCRA permit exempt units (e.g. elementary neutralization units, waste water treatment units, or accumulation tanks or containers)

- ☐ a. Manages HW generated at this facility
- ☐ b. Manages HW generated by other facilities

9. Exempt Boiler and/or Industrial Furnace

- ☐ a. Small Quantity On-Site Burner Exemption
- ☐ b. Smelting, Melting, Refining Furnace Exemption

☐ 10. Underground Injection Control

If yes, there may be addition reporting requirements at:
www.deq.state.or.us/wq/groundwa/uihome.htm

11. Description of Hazardous Wastes

1. Waste Codes for Federally Regulated Hazardous Wastes: Identify the federal hazardous waste codes that best describe your waste (e.g., D001 - Ignitable, D002 - Corrosive, D003 - Reactive, etc.) List additional federal codes in the comments section.

2. Waste Codes for State Regulated (i.e., non-federal) Hazardous Wastes: Identify the Oregon state-only hazardous waste codes that best describe your waste (e.g., ORX001, ORX007, ORP003, ORU001, etc.)

12. Universal Waste Activities (Mark the appropriate boxes for activities that apply to your site)

☐ 1. Large Quantity Handler of Universal Waste

(Accumulates a total of 11,000 lbs. or more of universal waste at any time, at the location at which it was generated)

☐ 2. Off-site Universal Waste Collection Site

(Accumulates a total of 2,000 lbs. or more of universal waste received from off-site). If yes, there are additional notification requirements at:

www.deq.state.or.us/wmc/documents/uwnnotification.pdf

☐ 3. Pesticide Collection Program

(Collects and accumulates waste pesticides from off-site). If yes, there are additional notification requirements at:

www.deq.state.or.us/wmc/documents/uwnnotification.pdf

☐ 4. Destination Facility for Universal Waste

(A facility that treats, disposes of, or recycles universal wastes on-site)

5. Mark all boxes that apply

	Generate	Accumulate
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Mercury containing thermostats	<input type="checkbox"/>	<input type="checkbox"/>
c. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
d. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>

13. Used Oil Activities (Mark the appropriate boxes for activities that apply to your site)

☐ 1. Used Oil Collection Center

☐ 2. Used Oil Transporter

☐ 3. Used Oil Transfer Facility

4. Used Oil Processor/Re-refiner

Indicate type(s) of activity(s)

- ☐ a. Processor
- ☐ b. Re-refiner

☐ 5. Off-Specification Used Oil Burner (not used oil space heaters operating according to CFR 279.23)

6. Used Oil Fuel Marketer

Indicate type(s) of activity(s)

- ☐ a. Marketer who directs shipments of off-specification used oil to off-specification used oil burner
- ☐ b. Marketer who first claims the used oil to meet the specifications

RCRA Waste Site Identification Form**Site ID**

RCRA Site ID Number:

ORD009056037

14. Comments**15. Certification**

This form cannot be processed without a signature

I certify that under penalty of law that I have personally examined and am familiar with the information submitted in this demonstration and all attached documents, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature_____
Date_____
Name (print or type)_____
Title

If you have special accommodation needs or require this document in an alternative format, please contact the Hazardous Waste Section in Portland at 503-229-6938 or toll-free within the State of Oregon at 1-800-452-4011, extension 6938

16. Electronic Submittals

DEQ will issue a PIN number and electronic filing instructions in a letter addressed to the Forms Contact in Section 8 on this form. The electronic reporting system may be used for your company's annual reporting and site identification updates.

RCRA Waste Site Identification Form

Site ID

State of Oregon
Department of
Environmental
Quality

State of Oregon Department of Environmental Quality

Accounting Section

811 SW Sixth Avenue, Portland, OR 97204-1390

Questions: (503)229-6511 in Portland, OR or toll free in Oregon: (800)452-4011 Ext. 6511

Fax: (503)229-6977

TTY: (503)229-6993

Email: hazwaste@deq.state.or.us

Web site: www.DeqHazWaste.net

1. Reason for Submittal

☐ To provide **New** Notification of Regulated Waste Activity (complete entire form)☐ Initial Notification (\$200 non-refundable fee required)☐ Change in business ownership (represent the new owner) (No fee required)☐ Reactivation of RCRA Site ID Number (\$200 non-refundable fee required)☐ To provide **Revised** Site Identification Information☐ To **Withdraw** Site Identification Number Effective Date: 02/10/1997☐ Completion of RCRA waste activity☐ Change in business ownership (represent the old owner)☒ To provide as a component of the **Annual Hazardous Waste Report** (skip section 11, 12, and 13)

Reporting Year: 1996

If ownership changed:

☒ Filing for entire year☐ Filing for partial year

2. RCRA Site ID Number:

ORD009056037

3a. Site Location Information

Company Name: Consolidated Metco Inc

Site Location: 13940 N RIVERGATE BLVD

PORTLAND, OR 97203

County: MULTNOMAH

Corp. Div. Reg. Nbr.:

NAICS Code:

Employee Count: 225

4a. Site Contact

Person Name: Brice Barker

Mailing Address:

Country:

Phone Number (Ext):

Email Address:

5a. Land Owner

Name: Consolidated Metco, Inc.

Mailing Address: PO Box 83201

Portland, OR 97283-0201

Country: United States

Phone Number (Ext): (503) 286-5741

Owner Type: ☒ Private ☐ Federal ☐ State ☐ County ☐ District ☐ Municipal ☐ Tribal ☐ Other

RCRA Waste Site Identification Form**Site ID**

RCRA Site ID Number:

ORD009056037

6a. Legal Owner

Name: Consolidated Metco, Inc.
Mailing Address: PO Box 83201
Portland, OR 97283-0201
Country: United States
Phone Number (Ext): (503) 286-5741
Owner Since: 01/01/1981

Owner Type: ☒ Private ☐ Federal ☐ State ☐ County ☐ District ☐ Municipal ☐ Tribal ☐ Other

7a. Site Operator

Name: Consolidated Metco, Inc.
Mailing Address: PO Box 83201
Portland, OR 97283-0201
Country: United States
Phone Number (Ext): (503) 286-5741
Operator Since:

Operator Type: ☒ Private ☐ Federal ☐ State ☐ County ☐ District ☐ Municipal ☐ Tribal ☐ Other

8a. Hazardous Waste Forms Contact

Person Name:
Organization:
Mailing Address:
Country:
Phone Number (Ext):
Email Address:

9a. Hazardous Waste Fee Contact

Person Name:
Organization:
Mailing Address:
Country:
Phone Number (Ext):
Email Address:

RCRA Waste Site Identification Form

Site ID

RCRA Site ID Number:

ORD009056037

10. Hazardous Waste Activities (Mark the appropriate boxes for activities that apply to your site)

1. Generator of Hazardous Waste

- ☐ a. LQG: Large Quantity Generator (Generates greater than 2,200 lbs/mo or more than 2.2 lbs of acute hazardous waste)
- ☐ b. SQG: Small Quantity Generator: (Generates between 220-2,200 lbs/mo or more than 2,200 lbs accumulated on-site)
- ☒ c. CEG: Conditionally Exempt Generator: (Generates between 0-220 lbs/mo, less than 2.2 lbs of acute hazardous waste and less than 2,200 lbs accumulated on-site)

2. Are you a hazardous waste generator due to remediation of environmental contamination or a business closure?

- ☐ Yes ☒ No

If yes, find out about expedited annual reporting at:

www.deq.state.or.us/wmc/hw/factsheets/HWFEesForCleanups.p

☐ 3. Importer of Hazardous Waste

☐ 4. Generator of Mixed Waste (hazardous and radioactive)

5. Transporter of Hazardous Waste

- ☐ a. Transports hazardous waste generated at this facility
- ☐ b. Transports for commercial purposes
- ☐ c. Hazardous Waste Transfer Facility

☐ 6. Treatment, Storage, Disposal (TSD) Facility

(Note: A RCRA Permit is required for this activity)

7. Recycler of Hazardous Waste

- ☐ a. Recycles HW generated at this facility
- ☐ b. Recycles HW generated by other facilities

8. Hazardous waste management in RCRA permit exempt units (e.g. elementary neutralization units, waste water treatment units, or accumulation tanks or containers)

- ☐ a. Manages HW generated at this facility
- ☐ b. Manages HW generated by other facilities

9. Exempt Boiler and/or Industrial Furnace

- ☐ a. Small Quantity On-Site Burner Exemption
- ☐ b. Smelting, Melting, Refining Furnace Exemption

☐ 10. Underground Injection Control

If yes, there may be addition reporting requirements at:

www.deq.state.or.us/wq/groundwa/uichome.htm

11. Description of Hazardous Wastes

1. Waste Codes for Federally Regulated Hazardous Wastes: Identify the federal hazardous waste codes that best describe your waste (e.g., D001 - Ignitable, D002 - Corrosive, D003 - Reactive, etc.) List additional federal codes in the comments section.

2. Waste Codes for State Regulated (i.e., non-federal) Hazardous Wastes: Identify the Oregon state-only hazardous waste codes that best describe your waste (e.g., ORX001, ORX007, ORP003, ORU001, etc.)

12. Universal Waste Activities (Mark the appropriate boxes for activities that apply to your site)

☐ 1. Large Quantity Handler of Universal Waste

(Accumulates a total of 11,000 lbs. or more of universal waste at any time, at the location at which it was generated)

☐ 2. Off-site Universal Waste Collection Site

(Accumulates a total of 2,000 lbs. or more of universal waste received from off-site). If yes, there are additional notification requirements at:

www.deq.state.or.us/wmc/documents/uwnotification.pdf

☐ 3. Pesticide Collection Program

(Collects and accumulates waste pesticides from off-site). If yes, there are additional notification requirements at:

www.deq.state.or.us/wmc/documents/uwnotification.pdf

☐ 4. Destination Facility for Universal Waste

(A facility that treats, disposes of, or recycles universal wastes on-site)

5. Mark all boxes that apply

	Generate	Accumulate
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Mercury containing thermostats	<input type="checkbox"/>	<input type="checkbox"/>
c. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
d. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>

13. Used Oil Activities (Mark the appropriate boxes for activities that apply to your site)

☐ 1. Used Oil Collection Center

☐ 2. Used Oil Transporter

☐ 3. Used Oil Transfer Facility

4. Used Oil Processor/Re-refiner

Indicate type(s) of activity(s)

- ☐ a. Processor
- ☐ b. Re-refiner

☐ 5. Off-Specification Used Oil Burner (not used oil space heaters operating according to CFR 279.23)

6. Used Oil Fuel Marketer

Indicate type(s) of activity(s)

- ☐ a. Marketer who directs shipments of off-specification used oil to off-specification used oil burner
- ☐ b. Marketer who first claims the used oil to meet the specifications

RCRA Waste Site Identification Form**Site ID**

RCRA Site ID Number:

ORD009056037

14. Comments**15. Certification**

This form cannot be processed without a signature

I certify that under penalty of law that I have personally examined and am familiar with the information submitted in this demonstration and all attached documents, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature_____
Date_____
Name (print or type)_____
Title

If you have special accommodation needs or require this document in an alternative format, please contact the Hazardous Waste Section in Portland at 503-229-6938 or toll-free within the State of Oregon at 1-800-452-4011, extension 6938

16. Electronic Submittals

DEQ will issue a PIN number and electronic filing instructions in a letter addressed to the Forms Contact in Section 8 on this form. The electronic reporting system may be used for your company's annual reporting and site identification updates.

RCRA Waste Site Identification Form

Site ID



State of Oregon
Department of
Environmental
Quality

State of Oregon Department of Environmental Quality

Accounting Section

811 SW Sixth Avenue, Portland, OR 97204-1390

Questions: (503)229-6511 in Portland, OR or toll free in Oregon: (800)452-4011 Ext. 6511

Fax: (503)229-6977

TTY: (503)229-6993

Email: hazwaste@deq.state.or.us

Web site: www.DeqHazWaste.net

1. Reason for Submittal

☐ To provide **New** Notification of Regulated Waste Activity (complete entire form)

☐ Initial Notification (\$200 non-refundable fee required)

☐ Change in business ownership (represent the new owner) (No fee required)

☐ Reactivation of RCRA Site ID Number (\$200 non-refundable fee required)

☐ To provide **Revised** Site Identification Information

☐ To **Withdraw** Site Identification Number Effective Date: 01/09/1998

☐ Completion of RCRA waste activity

☐ Change in business ownership (represent the old owner)

☒ To provide as a component of the **Annual Hazardous Waste Report** (skip section 11, 12, and 13)

Reporting Year: 1997

If ownership changed:

☒ Filing for entire year

☐ Filing for partial year

2. RCRA Site ID Number:

ORD009056037

3a. Site Location Information

Company Name: Consolidated Metco Inc

Site Location: 13940 N RIVERGATE BLVD

PORTLAND, OR 97203

County: MULTNOMAH

Corp. Div. Reg. Nbr.:

NAICS Code:

Employee Count: 225

4a. Site Contact

Person Name: Brice Barker

Mailing Address:

Country:

Phone Number (Ext):

Email Address:

5a. Land Owner

Name: Consolidated Metco, Inc.

Mailing Address: PO Box 83201

Portland, OR 97283-0201

Country: United States

Phone Number (Ext): (503) 286-5741

Owner Type: ☒ Private ☐ Federal ☐ State ☐ County ☐ District ☐ Municipal ☐ Tribal ☐ Other

RCRA Waste Site Identification Form**Site ID**

RCRA Site ID Number:

ORD009056037

6a. Legal Owner

Name: Consolidated Metco, Inc.
Mailing Address: PO Box 83201
Portland, OR 97283-0201
Country: United States
Phone Number (Ext): (503) 286-5741
Owner Since: 01/01/1981
Owner Type: ☒ Private ☐ Federal ☐ State ☐ County ☐ District ☐ Municipal ☐ Tribal ☐ Other

7a. Site Operator

Name: Consolidated Metco, Inc.
Mailing Address: PO Box 83201
Portland, OR 97283-0201
Country: United States
Phone Number (Ext): (503) 286-5741
Operator Since:
Operator Type: ☒ Private ☐ Federal ☐ State ☐ County ☐ District ☐ Municipal ☐ Tribal ☐ Other

8a. Hazardous Waste Forms Contact

Person Name:
Organization:
Mailing Address:

Country:
Phone Number (Ext):
Email Address:

9a. Hazardous Waste Fee Contact

Person Name: Ernest Nimister
Organization: Consolidated Metco Inc
Mailing Address: PO Box 83201
Portland, OR 97283-0201
Country: United States
Phone Number (Ext): 503 240-5493
Email Address: enimister@conmer.com

RCRA Waste Site Identification Form

Site ID

RCRA Site ID Number:

ORD009056037

10. Hazardous Waste Activities (Mark the appropriate boxes for activities that apply to your site)

1. Generator of Hazardous Waste

- ☐ a. LQG: Large Quantity Generator (Generates greater than 2,200 lbs/mo or more than 2.2 lbs of acute hazardous waste)
- ☐ b. SQG: Small Quantity Generator: (Generates between 220-2,200 lbs/mo or more than 2,200 lbs accumulated on-site)
- ☒ c. CEG: Conditionally Exempt Generator: (Generates between 0-220 lbs/mo, less than 2.2 lbs of acute hazardous waste and less than 2,200 lbs accumulated on-site)

2. Are you a hazardous waste generator due to remediation of environmental contamination or a business closure?

- ☐ Yes ☒ No

If yes, find out about expedited annual reporting at:
www.deq.state.or.us/wmc/hw/factsheets/HWFeesForCleanups.p

☐ 3. Importer of Hazardous Waste

☐ 4. Generator of Mixed Waste (hazardous and radioactive)

5. Transporter of Hazardous Waste

- ☐ a. Transports hazardous waste generated at this facility
- ☐ b. Transports for commercial purposes
- ☐ c. Hazardous Waste Transfer Facility

☐ 6. Treatment, Storage, Disposal (TSD) Facility

(Note: A RCRA Permit is required for this activity)

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- ☐ a. Recycles HW generated at this facility
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- ☐ a. Small Quantity On-Site Burner Exemption
- ☐ b. Smelting, Melting, Refining Furnace Exemption

☐ 10. Underground Injection Control

If yes, there may be addition reporting requirements at:
www.deq.state.or.us/wq/groundwa/uichome.htm

11. Description of Hazardous Wastes

1. Waste Codes for Federally Regulated Hazardous Wastes: Identify the federal hazardous waste codes that best describe your waste (e.g., D001 - Ignitable, D002 - Corrosive, D003 - Reactive, etc.) List additional federal codes in the comments section.

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☐ 3. Pesticide Collection Program

(Collects and accumulates waste pesticides from off-site). If yes, there are additional notification requirements at:

www.deq.state.or.us/wmc/documents/uwnotification.pdf

☐ 4. Destination Facility for Universal Waste

(A facility that treats, disposes of, or recycles universal wastes on-site)

5. Mark all boxes that apply

	Generate	Accumulate
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Mercury containing thermostats	<input type="checkbox"/>	<input type="checkbox"/>
c. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
d. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>

13. Used Oil Activities (Mark the appropriate boxes for activities that apply to your site)

☐ 1. Used Oil Collection Center

☐ 2. Used Oil Transporter

☐ 3. Used Oil Transfer Facility

4. Used Oil Processor/Re-refiner

Indicate type(s) of activity(s)

- ☐ a. Processor
- ☐ b. Re-refiner

☐ 5. Off-Specification Used Oil Burner (not used oil space heaters operating according to CFR 279.23)

6. Used Oil Fuel Marketer

Indicate type(s) of activity(s)

- ☐ a. Marketer who directs shipments of off-specification used oil to off-specification used oil burner
- ☐ b. Marketer who first claims the used oil to meet the specifications

RCRA Waste Site Identification Form**Site ID**

RCRA Site ID Number:

ORD009056037

14. Comments**15. Certification**

This form cannot be processed without a signature

I certify that under penalty of law that I have personally examined and am familiar with the information submitted in this demonstration and all attached documents, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature_____
Date_____
Name (print or type)_____
Title

If you have special accommodation needs or require this document in an alternative format, please contact the Hazardous Waste Section in Portland at 503-229-6938 or toll-free within the State of Oregon at 1-800-452-4011, extension 6938

16. Electronic Submittals

DEQ will issue a PIN number and electronic filing instructions in a letter addressed to the Forms Contact in Section 8 on this form. The electronic reporting system may be used for your company's annual reporting and site identification updates.

RCRA Waste Site Identification Form

Site ID



State of Oregon
Department of
Environmental
Quality

State of Oregon Department of Environmental Quality

Accounting Section

811 SW Sixth Avenue, Portland, OR 97204-1390

Questions: (503)229-6511 in Portland, OR or toll free in Oregon: (800)452-4011 Ext. 6511

Fax: (503)229-6977

TTY: (503)229-6993

Email: hazwaste@deq.state.or.us

Web site: www.DeqHazWaste.net

1. Reason for Submittal

☐ To provide **New Notification of Regulated Waste Activity** (complete entire form)☐ Initial Notification (\$200 non-refundable fee required)☐ Change in business ownership (represent the new owner) (No fee required)☐ Reactivation of RCRA Site ID Number (\$200 non-refundable fee required)☐ To provide **Revised Site Identification Information**☐ To **Withdraw Site Identification Number**

Effective Date: 01/25/1999

☐ Completion of RCRA waste activity☐ Change in business ownership (represent the old owner)☒ To provide as a component of the **Annual Hazardous Waste Report** (skip section 11, 12, and 13)

Reporting Year: 1998

If ownership changed:

☒ Filing for entire year☐ Filing for partial year

2. RCRA Site ID Number:

ORD009056037

3a. Site Location Information

Company Name: Consolidated Metco Inc

Site Location: 13940 N RIVERGATE BLVD

PORTLAND, OR 97203

County: MULTNOMAH

Corp. Div. Reg. Nbr.:

NAICS Code:

Employee Count: 225

4a. Site Contact

Person Name: Ernest Nimister

Mailing Address: PO Box 83201

Portland, OR 97283-0201

Country: United States

Phone Number (Ext): (503) 240-5493

Email Address: enimister@conmet.com

5a. Land Owner

Name: Consolidated Metco, Inc.

Mailing Address: PO Box 83201

Portland, OR 97283-0201

Country: United States

Phone Number (Ext): (503) 286-5741

Owner Type: ☒ Private ☐ Federal ☐ State ☐ County ☐ District ☐ Municipal ☐ Tribal ☐ Other

RCRA Waste Site Identification Form**Site ID**

RCRA Site ID Number:

ORD009056037

6a. Legal Owner

Name: Consolidated Metco, Inc.
Mailing Address: PO Box 83201
Portland, OR 97283-0201
Country: United States
Phone Number (Ext): (503) 286-5741
Owner Since: 01/01/1981
Owner Type: ☒ Private ☐ Federal ☐ State ☐ County ☐ District ☐ Municipal ☐ Tribal ☐ Other

7a. Site Operator

Name: Consolidated Metco, Inc.
Mailing Address: PO Box 83201
Portland, OR 97283-0201
Country: United States
Phone Number (Ext): (503) 286-5741
Operator Since:
Operator Type: ☒ Private ☐ Federal ☐ State ☐ County ☐ District ☐ Municipal ☐ Tribal ☐ Other

8a. Hazardous Waste Forms Contact

Person Name:
Organization:
Mailing Address:
Country:
Phone Number (Ext):
Email Address:

9a. Hazardous Waste Fee Contact

Person Name: Ernest Nimister
Organization: Consolidated Metco Inc
Mailing Address: PO Box 83201
Portland, OR 97283-0201
Country: United States
Phone Number (Ext): 503 240-5493
Email Address: enimister@conmer.com

RCRA Waste Site Identification Form

Site ID

RCRA Site ID Number:

ORD009056037

10. Hazardous Waste Activities (Mark the appropriate boxes for activities that apply to your site)

1. Generator of Hazardous Waste

- ☐ a. LQG: Large Quantity Generator (Generates greater than 2,200 lbs/mo or more than 2.2 lbs of acute hazardous waste)
- ☐ b. SQG: Small Quantity Generator: (Generates between 220-2,200 lbs/mo or more than 2,200 lbs accumulated on-site)
- ☒ c. CEG: Conditionally Exempt Generator: (Generates between 0-220 lbs/mo, less than 2.2 lbs of acute hazardous waste and less than 2,200 lbs accumulated on-site)

2. Are you a hazardous waste generator due to remediation of environmental contamination or a business closure?

- ☐ Yes ☒ No

If yes, find out about expedited annual reporting at:
www.deq.state.or.us/wmc/hw/factsheets/HWFeesForCleanups.p

☐ 3. Importer of Hazardous Waste

☐ 4. Generator of Mixed Waste (hazardous and radioactive)

5. Transporter of Hazardous Waste

- ☐ a. Transports hazardous waste generated at this facility
- ☐ b. Transports for commercial purposes
- ☐ c. Hazardous Waste Transfer Facility

☐ 6. Treatment, Storage, Disposal (TSD) Facility

(Note: A RCRA Permit is required for this activity)

7. Recycler of Hazardous Waste

- ☐ a. Recycles HW generated at this facility
- ☐ b. Recycles HW generated by other facilities

8. Hazardous waste management in RCRA permit exempt units (e.g. elementary neutralization units, waste water treatment units, or accumulation tanks or containers)

- ☐ a. Manages HW generated at this facility
- ☐ b. Manages HW generated by other facilities

9. Exempt Boiler and/or Industrial Furnace

- ☐ a. Small Quantity On-Site Burner Exemption
- ☐ b. Smelting, Melting, Refining Furnace Exemption

☐ 10. Underground Injection Control

If yes, there may be addition reporting requirements at:
www.deq.state.or.us/wq/groundwa/uichome.htm

11. Description of Hazardous Wastes

1. Waste Codes for Federally Regulated Hazardous Wastes: Identify the federal hazardous waste codes that best describe your waste (e.g., D001 - Ignitable, D002 - Corrosive, D003 - Reactive, etc.) List additional federal codes in the comments section.

2. Waste Codes for State Regulated (i.e., non-federal) Hazardous Wastes: Identify the Oregon state-only hazardous waste codes that best describe your waste (e.g., ORX001, ORX007, ORP003, ORU001, etc.)

12. Universal Waste Activities (Mark the appropriate boxes for activities that apply to your site)

☐ 1. Large Quantity Handler of Universal Waste

(Accumulates a total of 11,000 lbs. or more of universal waste at any time, at the location at which it was generated)

☐ 2. Off-site Universal Waste Collection Site

(Accumulates a total of 2,000 lbs. or more of universal waste received from off-site). If yes, there are additional notification requirements at:

www.deq.state.or.us/wmc/documents/uwnotification.pdf

☐ 3. Pesticide Collection Program

(Collects and accumulates waste pesticides from off-site). If yes, there are additional notification requirements at:

www.deq.state.or.us/wmc/documents/uwnotification.pdf

☐ 4. Destination Facility for Universal Waste

(A facility that treats, disposes of, or recycles universal wastes on-site)

5. Mark all boxes that apply

	Generate	Accumulate
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Mercury containing thermostats	<input type="checkbox"/>	<input type="checkbox"/>
c. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
d. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>

13. Used Oil Activities (Mark the appropriate boxes for activities that apply to your site)

☐ 1. Used Oil Collection Center

☐ 2. Used Oil Transporter

☐ 3. Used Oil Transfer Facility

4. Used Oil Processor/Re-refiner

Indicate type(s) of activity(s)

- ☐ a. Processor
- ☐ b. Re-refiner

☐ 5. Off-Specification Used Oil Burner (not used oil space heaters operating according to CFR 279.23)

6. Used Oil Fuel Marketer

Indicate type(s) of activity(s)

- ☐ a. Marketer who directs shipments of off-specification used oil to off-specification used oil burner
- ☐ b. Marketer who first claims the used oil to meet the specifications

RCRA Waste Site Identification Form**Site ID**

RCRA Site ID Number:

ORD009056037

14. Comments**15. Certification**

This form cannot be processed without a signature

I certify that under penalty of law that I have personally examined and am familiar with the information submitted in this demonstration and all attached documents, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature_____
Date_____
Name (print or type)_____
Title

If you have special accommodation needs or require this document in an alternative format, please contact the Hazardous Waste Section in Portland at 503-229-6938 or toll-free within the State of Oregon at 1-800-452-4011, extension 6938

16. Electronic Submittals

DEQ will issue a PIN number and electronic filing instructions in a letter addressed to the Forms Contact in Section 8 on this form. The electronic reporting system may be used for your company's annual reporting and site identification updates.

RCRA Waste Site Identification Form

Site ID

State of Oregon
Department of
Environmental
Quality

State of Oregon Department of Environmental Quality

Accounting Section

811 SW Sixth Avenue, Portland, OR 97204-1390

Questions: (503)229-6511 in Portland, OR or toll free in Oregon: (800)452-4011 Ext. 6511

Fax: (503)229-6977

TTY: (503)229-6993

Email: hazwaste@deq.state.or.us

Web site: www.DeqHazWaste.net

1. Reason for Submittal

☐ To provide **New** Notification of Regulated Waste Activity (complete entire form)☐ Initial Notification (\$200 non-refundable fee required)☐ Change in business ownership (represent the new owner) (No fee required)☐ Reactivation of RCRA Site ID Number (\$200 non-refundable fee required)☐ To provide **Revised** Site Identification Information☐ To **Withdraw** Site Identification Number Effective Date: 01/13/2000☐ Completion of RCRA waste activity☐ Change in business ownership (represent the old owner)☒ To provide as a component of the **Annual Hazardous Waste Report** (skip section 11, 12, and 13)

Reporting Year: 1999

If ownership changed:

☒ Filing for entire year☐ Filing for partial year

2. RCRA Site ID Number:

ORD009056037

3a. Site Location Information

Company Name: Consolidated Metco Inc

Site Location: 13940 N RIVERGATE BLVD

PORTLAND, OR 97203

County: MULTNOMAH

Corp. Div. Reg. Nbr.:

NAICS Code:

Employee Count: 225

4a. Site Contact

Person Name: Ernest Nimister

Mailing Address: PO Box 83201

Portland, OR 97283-0201

Country: United States

Phone Number (Ext): (503) 240-5493

Email Address: enimister@conmet.com

5a. Land Owner

Name: Consolidated Metco, Inc.

Mailing Address: PO Box 83201

Portland, OR 97283-0201

Country: United States

Phone Number (Ext): (503) 286-5741

Owner Type: ☒ Private ☐ Federal ☐ State ☐ County ☐ District ☐ Municipal ☐ Tribal ☐ Other

RCRA Waste Site Identification Form**Site ID**

RCRA Site ID Number:

ORD009056037

6a. Legal Owner

Name: Consolidated Metco, Inc.
Mailing Address: PO Box 83201
Portland, OR 97283-0201
Country: United States
Phone Number (Ext): (503) 286-5741
Owner Since: 01/01/1981
Owner Type: ☒ Private ☐ Federal ☐ State ☐ County ☐ District ☐ Municipal ☐ Tribal ☐ Other

7a. Site Operator

Name: Consolidated Metco, Inc.
Mailing Address: PO Box 83201
Portland, OR 97283-0201
Country: United States
Phone Number (Ext): (503) 286-5741
Operator Since:
Operator Type: ☒ Private ☐ Federal ☐ State ☐ County ☐ District ☐ Municipal ☐ Tribal ☐ Other

8a. Hazardous Waste Forms Contact

Person Name:
Organization:
Mailing Address:
Country:
Phone Number (Ext):
Email Address:

9a. Hazardous Waste Fee Contact

Person Name: Ernest Nimister
Organization: Consolidated Metco Inc
Mailing Address: PO Box 83201
Portland, OR 97283-0201
Country: United States
Phone Number (Ext): 503 240-5493
Email Address: enimister@conmer.com

RCRA Waste Site Identification Form

Site ID

RCRA Site ID Number:

ORD009056037

10. Hazardous Waste Activities (Mark the appropriate boxes for activities that apply to your site)

1. Generator of Hazardous Waste

- ☐ a. LQG: Large Quantity Generator (Generates greater than 2,200 lbs/mo or more than 2.2 lbs of acute hazardous waste)
- ☐ b. SQG: Small Quantity Generator: (Generates between 220-2,200 lbs/mo or more than 2,200 lbs accumulated on-site)
- ☒ c. CEG: Conditionally Exempt Generator: (Generates between 0-220 lbs/mo, less than 2.2 lbs of acute hazardous waste and less than 2,200 lbs accumulated on-site)

2. Are you a hazardous waste generator due to remediation of environmental contamination or a business closure?

- ☐ Yes ☒ No

If yes, find out about expedited annual reporting at:
www.deq.state.or.us/wmc/hw/factsheets/HWFeesForCleanups.p

☐ 3. Importer of Hazardous Waste

☐ 4. Generator of Mixed Waste (hazardous and radioactive)

5. Transporter of Hazardous Waste

- ☐ a. Transports hazardous waste generated at this facility
- ☐ b. Transports for commercial purposes
- ☐ c. Hazardous Waste Transfer Facility

☐ 6. Treatment, Storage, Disposal (TSD) Facility (Note: A RCRA Permit is required for this activity)

7. Recycler of Hazardous Waste

- ☐ a. Recycles HW generated at this facility
- ☐ b. Recycles HW generated by other facilities

8. Hazardous waste management in RCRA permit exempt units (e.g. elementary neutralization units, waste water treatment units, or accumulation tanks or containers)

- ☐ a. Manages HW generated at this facility
- ☐ b. Manages HW generated by other facilities

9. Exempt Boiler and/or Industrial Furnace

- ☐ a. Small Quantity On-Site Burner Exemption
- ☐ b. Smelting, Melting, Refining Furnace Exemption

☐ 10. Underground Injection Control

If yes, there may be addition reporting requirements at:
www.deq.state.or.us/wq/groundwa/uichome.htm

11. Description of Hazardous Wastes

1. Waste Codes for Federally Regulated Hazardous Wastes: Identify the federal hazardous waste codes that best describe your waste (e.g., D001 - Ignitable, D002 - Corrosive, D003 - Reactive, etc.) List additional federal codes in the comments section.

2. Waste Codes for State Regulated (i.e., non-federal) Hazardous Wastes: Identify the Oregon state-only hazardous waste codes that best describe your waste (e.g., ORX001, ORX007, ORP003, ORU001, etc.)

12. Universal Waste Activities (Mark the appropriate boxes for activities that apply to your site)

☐ 1. Large Quantity Handler of Universal Waste

(Accumulates a total of 11,000 lbs. or more of universal waste at any time, at the location at which it was generated)

☐ 2. Off-site Universal Waste Collection Site

(Accumulates a total of 2,000 lbs. or more of universal waste received from off-site). If yes, there are additional notification requirements at:

www.deq.state.or.us/wmc/documents/uwnotification.pdf

☐ 3. Pesticide Collection Program

(Collects and accumulates waste pesticides from off-site). If yes, there are additional notification requirements at:

www.deq.state.or.us/wmc/documents/uwnotification.pdf

☐ 4. Destination Facility for Universal Waste

(A facility that treats, disposes of, or recycles universal wastes on-site)

5. Mark all boxes that apply

	Generate	Accumulate
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Mercury containing thermostats	<input type="checkbox"/>	<input type="checkbox"/>
c. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
d. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>

13. Used Oil Activities (Mark the appropriate boxes for activities that apply to your site)

☐ 1. Used Oil Collection Center

☐ 2. Used Oil Transporter

☐ 3. Used Oil Transfer Facility

4. Used Oil Processor/Re-refiner

Indicate type(s) of activity(s)

- ☐ a. Processor
- ☐ b. Re-refiner

☐ 5. Off-Specification Used Oil Burner (not used oil space heaters operating according to CFR 279.23)

6. Used Oil Fuel Marketer

Indicate type(s) of activity(s)

- ☐ a. Marketer who directs shipments of off-specification used oil to off-specification used oil burner
- ☐ b. Marketer who first claims the used oil to meet the specifications

RCRA Waste Site Identification Form**Site ID**

RCRA Site ID Number:

ORD009056037

14. Comments**15. Certification**

This form cannot be processed without a signature

I certify that under penalty of law that I have personally examined and am familiar with the information submitted in this demonstration and all attached documents, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature_____
Date_____
Name (print or type)_____
Title

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RCRA Waste Site Identification Form

Site ID



State of Oregon
Department of
Environmental
Quality

State of Oregon Department of Environmental Quality

Accounting Section

811 SW Sixth Avenue, Portland, OR 97204-1390

Questions: (503)229-6511 in Portland, OR or toll free in Oregon: (800)452-4011 Ext. 6511

Fax: (503)229-6977

TTY: (503)229-6993

Email: hazwaste@deq.state.or.us

Web site: www.DeqHazWaste.net

1. Reason for Submittal

☐ To provide **New** Notification of Regulated Waste Activity (complete entire form)☐ Initial Notification (\$200 non-refundable fee required)☐ Change in business ownership (represent the new owner) (No fee required)☐ Reactivation of RCRA Site ID Number (\$200 non-refundable fee required)☐ To provide **Revised** Site Identification Information☐ To **Withdraw** Site Identification Number

Effective Date: 01/26/2001

☐ Completion of RCRA waste activity☐ Change in business ownership (represent the old owner)☒ To provide as a component of the **Annual Hazardous Waste Report** (skip section 11, 12, and 13)

Reporting Year: 2000

If ownership changed:

☒ Filing for entire year☐ Filing for partial year

2. RCRA Site ID Number:

ORD009056037

3a. Site Location Information

Company Name: Consolidated Metco Inc

Site Location: 13940 N RIVERGATE BLVD

PORTLAND, OR 97203

County: MULTNOMAH

Corp. Div. Reg. Nbr.:

NAICS Code:

Employee Count: 225

4a. Site Contact

Person Name: Ernest Nimister

Mailing Address: PO Box 83201

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Owner Type: ☒ Private ☐ Federal ☐ State ☐ County ☐ District ☐ Municipal ☐ Tribal ☐ Other

RCRA Waste Site Identification Form**Site ID**

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Operator Since:
Operator Type: ☒ Private ☐ Federal ☐ State ☐ County ☐ District ☐ Municipal ☐ Tribal ☐ Other

8a. Hazardous Waste Forms Contact

Person Name:
Organization:
Mailing Address:

Country:
Phone Number (Ext):
Email Address:

9a. Hazardous Waste Fee Contact

Person Name: Ernest Nimister
Organization: Consolidated Metco Inc
Mailing Address: PO Box 83201
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Email Address: enimister@conmer.com

RCRA Waste Site Identification Form

Site ID

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10. Hazardous Waste Activities (Mark the appropriate boxes for activities that apply to your site)

1. Generator of Hazardous Waste

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- ☐ Yes ☒ No

If yes, find out about expedited annual reporting at:
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☐ 3. Importer of Hazardous Waste

☐ 4. Generator of Mixed Waste (hazardous and radioactive)

5. Transporter of Hazardous Waste

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- ☐ a. Small Quantity On-Site Burner Exemption
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☐ 10. Underground Injection Control

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11. Description of Hazardous Wastes

1. Waste Codes for Federally Regulated Hazardous Wastes: Identify the federal hazardous waste codes that best describe your waste (e.g., D001 - Ignitable, D002 - Corrosive, D003 - Reactive, etc.) List additional federal codes in the comments section.

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(A facility that treats, disposes of, or recycles universal wastes on-site)

5. Mark all boxes that apply

	Generate	Accumulate
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Mercury containing thermostats	<input type="checkbox"/>	<input type="checkbox"/>
c. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
d. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>

13. Used Oil Activities (Mark the appropriate boxes for activities that apply to your site)

☐ 1. Used Oil Collection Center

☐ 2. Used Oil Transporter

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4. Used Oil Processor/Re-refiner

Indicate type(s) of activity(s)

- ☐ a. Processor
- ☐ b. Re-refiner

☐ 5. Off-Specification Used Oil Burner (not used oil space heaters operating according to CFR 279.23)

6. Used Oil Fuel Marketer

Indicate type(s) of activity(s)

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RCRA Waste Site Identification Form**Site ID**

RCRA Site ID Number:

ORD009056037

14. Comments**15. Certification**

This form cannot be processed without a signature

I certify that under penalty of law that I have personally examined and am familiar with the information submitted in this demonstration and all attached documents, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature_____
Date_____
Name (print or type)_____
Title

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16. Electronic Submittals

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RCRA Waste Site Identification Form

Site ID



State of Oregon
Department of
Environmental
Quality

State of Oregon Department of Environmental Quality

Accounting Section

811 SW Sixth Avenue, Portland, OR 97204-1390

Questions: (503)229-6511 in Portland, OR or toll free in Oregon: (800)452-4011 Ext. 6511

Fax: (503)229-6977

TTY: (503)229-6993

Email: hazwaste@deq.state.or.us

Web site: www.DeqHazWaste.net

1. Reason for Submittal

☐ To provide **New Notification of Regulated Waste Activity** (complete entire form)☐ Initial Notification (\$200 non-refundable fee required)☐ Change in business ownership (represent the new owner) (No fee required)☐ Reactivation of RCRA Site ID Number (\$200 non-refundable fee required)☐ To provide **Revised Site Identification Information**☐ To **Withdraw Site Identification Number** Effective Date: 01/03/2002☐ Completion of RCRA waste activity☐ Change in business ownership (represent the old owner)☒ To provide as a component of the **Annual Hazardous Waste Report** (skip section 11, 12, and 13)

Reporting Year: 2001

If ownership changed:

☒ Filing for entire year☐ Filing for partial year

2. RCRA Site ID Number:

ORD009056037

3a. Site Location Information

Company Name: Consolidated Metco Inc

Site Location: 13940 N RIVERGATE BLVD

PORTLAND, OR 97203

County: MULTNOMAH

Corp. Div. Reg. Nbr.:

NAICS Code:

Employee Count: 225

4a. Site Contact

Person Name: Ernest Nimister

Mailing Address: PO Box 83201

Portland, OR 97283-0201

Country: United States

Phone Number (Ext): 503 240-5493

Email Address: enimister@conmer.com

5a. Land Owner

Name: Consolidated Metco, Inc.

Mailing Address: PO Box 83201

Portland, OR 97283-0201

Country: United States

Phone Number (Ext): (503) 286-5741

Owner Type: ☒ Private ☐ Federal ☐ State ☐ County ☐ District ☐ Municipal ☐ Tribal ☐ Other

RCRA Waste Site Identification Form**Site ID**

RCRA Site ID Number:

ORD009056037

6a. Legal Owner

Name: Consolidated Metco, Inc.
Mailing Address: PO Box 83201
Portland, OR 97283-0201
Country: United States
Phone Number (Ext): (503) 286-5741
Owner Since: 01/01/1981
Owner Type: ☒ Private ☐ Federal ☐ State ☐ County ☐ District ☐ Municipal ☐ Tribal ☐ Other

7a. Site Operator

Name: Consolidated Metco, Inc.
Mailing Address: PO Box 83201
Portland, OR 97283-0201
Country: United States
Phone Number (Ext): (503) 286-5741
Operator Since:
Operator Type: ☒ Private ☐ Federal ☐ State ☐ County ☐ District ☐ Municipal ☐ Tribal ☐ Other

8a. Hazardous Waste Forms Contact

Person Name: Ernest Nimister
Organization: Consolidated Metco Inc
Mailing Address: PO Box 83201
Portland, OR 97283-0201
Country: United States
Phone Number (Ext): 503 240-5493
Email Address: enimister@conmer.com

9a. Hazardous Waste Fee Contact

Person Name: Ernest Nimister
Organization: Consolidated Metco Inc
Mailing Address: PO Box 83201
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Country: United States
Phone Number (Ext): 503 240-5493
Email Address: enimister@conmer.com

RCRA Waste Site Identification Form

Site ID

RCRA Site ID Number:

ORD009056037

10. Hazardous Waste Activities (Mark the appropriate boxes for activities that apply to your site)

1. Generator of Hazardous Waste

- ☐ a. LQG: Large Quantity Generator (Generates greater than 2,200 lbs/mo or more than 2.2 lbs of acute hazardous waste)
- ☐ b. SQG: Small Quantity Generator: (Generates between 220-2,200 lbs/mo or more than 2,200 lbs accumulated on-site)
- ☒ c. CEG: Conditionally Exempt Generator: (Generates between 0-220 lbs/mo, less than 2.2 lbs of acute hazardous waste and less than 2,200 lbs accumulated on-site)

2. Are you a hazardous waste generator due to remediation of environmental contamination or a business closure?

- ☐ Yes ☒ No

If yes, find out about expedited annual reporting at:
www.deq.state.or.us/wmc/hw/factsheets/HWFeesForCleanups.p

☐ 3. Importer of Hazardous Waste

☐ 4. Generator of Mixed Waste (hazardous and radioactive)

5. Transporter of Hazardous Waste

- ☐ a. Transports hazardous waste generated at this facility
- ☐ b. Transports for commercial purposes
- ☐ c. Hazardous Waste Transfer Facility

☐ 6. Treatment, Storage, Disposal (TSD) Facility

(Note: A RCRA Permit is required for this activity)

7. Recycler of Hazardous Waste

- ☐ a. Recycles HW generated at this facility
- ☐ b. Recycles HW generated by other facilities

8. Hazardous waste management in RCRA permit exempt units (e.g. elementary neutralization units, waste water treatment units, or accumulation tanks or containers)

- ☐ a. Manages HW generated at this facility
- ☐ b. Manages HW generated by other facilities

9. Exempt Boiler and/or Industrial Furnace

- ☐ a. Small Quantity On-Site Burner Exemption
- ☐ b. Smelting, Melting, Refining Furnace Exemption

☐ 10. Underground Injection Control

If yes, there may be addition reporting requirements at:
www.deq.state.or.us/wq/groundwa/uihome.htm

11. Description of Hazardous Wastes

1. Waste Codes for Federally Regulated Hazardous Wastes: Identify the federal hazardous waste codes that best describe your waste (e.g., D001 - Ignitable, D002 - Corrosive, D003 - Reactive, etc.) List additional federal codes in the comments section.

2. Waste Codes for State Regulated (i.e., non-federal) Hazardous Wastes: Identify the Oregon state-only hazardous waste codes that best describe your waste (e.g., ORX001, ORX007, ORP003, ORU001, etc.)

12. Universal Waste Activities (Mark the appropriate boxes for activities that apply to your site)

☐ 1. Large Quantity Handler of Universal Waste

(Accumulates a total of 11,000 lbs. or more of universal waste at any time, at the location at which it was generated)

☐ 2. Off-site Universal Waste Collection Site

(Accumulates a total of 2,000 lbs. or more of universal waste received from off-site). If yes, there are additional notification requirements at:

www.deq.state.or.us/wmc/documents/uwnotification.pdf

☐ 3. Pesticide Collection Program

(Collects and accumulates waste pesticides from off-site). If yes, there are additional notification requirements at:

www.deq.state.or.us/wmc/documents/uwnotification.pdf

☐ 4. Destination Facility for Universal Waste

(A facility that treats, disposes of, or recycles universal wastes on-site)

5. Mark all boxes that apply

	Generate	Accumulate
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Mercury containing thermostats	<input type="checkbox"/>	<input type="checkbox"/>
c. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
d. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>

13. Used Oil Activities (Mark the appropriate boxes for activities that apply to your site)

☐ 1. Used Oil Collection Center

☐ 2. Used Oil Transporter

☐ 3. Used Oil Transfer Facility

4. Used Oil Processor/Re-refiner

Indicate type(s) of activity(s)

- ☐ a. Processor
- ☐ b. Re-refiner

☐ 5. Off-Specification Used Oil Burner (not used oil space heaters operating according to CFR 279.23)

6. Used Oil Fuel Marketer

Indicate type(s) of activity(s)

- ☐ a. Marketer who directs shipments of off-specification used oil to off-specification used oil burner
- ☐ b. Marketer who first claims the used oil to meet the specifications

RCRA Waste Site Identification Form**Site ID**

RCRA Site ID Number:

ORD009056037

14. Comments**15. Certification**

This form cannot be processed without a signature

I certify that under penalty of law that I have personally examined and am familiar with the information submitted in this demonstration and all attached documents, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature_____
Date_____
Name (print or type)_____
Title

If you have special accommodation needs or require this document in an alternative format, please contact the Hazardous Waste Section in Portland at 503-229-6938 or toll-free within the State of Oregon at 1-800-452-4011, extension 6938.

16. Electronic Submittals

DEQ will issue a PIN number and electronic filing instructions in a letter addressed to the Forms Contact in Section 8 on this form. The electronic reporting system may be used for your company's annual reporting and site identification updates.

RCRA Waste Site Identification Form

Site ID

State of Oregon
Department of
Environmental
Quality

State of Oregon Department of Environmental Quality

Accounting Section

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Questions: (503)229-6511 in Portland, OR or toll free in Oregon: (800)452-4011 Ext. 6511

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Email: hazwaste@deq.state.or.us

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1. Reason for Submittal

☐ To provide **New** Notification of Regulated Waste Activity (complete entire form)☐ Initial Notification (\$200 non-refundable fee required)☐ Change in business ownership (represent the new owner) (No fee required)☐ Reactivation of RCRA Site ID Number (\$200 non-refundable fee required)☐ To provide **Revised** Site Identification Information☐ To **Withdraw** Site Identification Number Effective Date: 01/09/2003☐ Completion of RCRA waste activity☐ Change in business ownership (represent the old owner)☒ To provide as a component of the **Annual Hazardous Waste Report** (skip section 11, 12, and 13)

Reporting Year: 2002

If ownership changed:

☒ Filing for entire year☐ Filing for partial year

2. RCRA Site ID Number:

ORD009056037

3a. Site Location Information

Company Name: Consolidated Metco Inc

Site Location: 13940 N RIVERGATE BLVD

PORTLAND, OR 97203

County: MULTNOMAH

Corp. Div. Reg. Nbr.:

NAICS Code:

Employee Count: 225

4a. Site Contact

Person Name: Ernest Nimister

Mailing Address: PO Box 83201

Portland, OR 97283-0201

Country: United States

Phone Number (Ext): 503 240-5493

Email Address: enimister@conmer.com

5a. Land Owner

Name: Consolidated Metco, Inc.

Mailing Address: PO Box 83201

Portland, OR 97283-0201

Country: United States

Phone Number (Ext): (503) 286-5741

Owner Type: ☒ Private ☐ Federal ☐ State ☐ County ☐ District ☐ Municipal ☐ Tribal ☐ Other

RCRA Waste Site Identification Form**Site ID**

RCRA Site ID Number:

ORD009056037

6a. Legal Owner

Name: Consolidated Metco, Inc.
Mailing Address: PO Box 83201
Portland, OR 97283-0201
Country: United States
Phone Number (Ext): (503) 286-5741
Owner Since: 01/01/1981
Owner Type: ☒ Private ☐ Federal ☐ State ☐ County ☐ District ☐ Municipal ☐ Tribal ☐ Other

7a. Site Operator

Name: Consolidated Metco, Inc.
Mailing Address: PO Box 83201
Portland, OR 97283-0201
Country: United States
Phone Number (Ext): (503) 286-5741
Operator Since:
Operator Type: ☒ Private ☐ Federal ☐ State ☐ County ☐ District ☐ Municipal ☐ Tribal ☐ Other

8a. Hazardous Waste Forms Contact

Person Name: Ernest Nimister
Organization: Consolidated Metco Inc
Mailing Address: PO Box 83201
Portland, OR 97283-0201
Country: United States
Phone Number (Ext): 503 240-5493
Email Address: enimister@conmer.com

9a. Hazardous Waste Fee Contact

Person Name: Ernest Nimister
Organization: Consolidated Metco Inc
Mailing Address: PO Box 83201
Portland, OR 97283-0201
Country: United States
Phone Number (Ext): 503 240-5493
Email Address: enimister@conmer.com

RCRA Waste Site Identification Form

Site ID

RCRA Site ID Number:

ORD009056037

10. Hazardous Waste Activities (Mark the appropriate boxes for activities that apply to your site)

1. Generator of Hazardous Waste

- ☐ a. LQG: Large Quantity Generator (Generates greater than 2,200 lbs/mo or more than 2.2 lbs of acute hazardous waste)
- ☐ b. SQG: Small Quantity Generator: (Generates between 220-2,200 lbs/mo or more than 2,200 lbs accumulated on-site)
- ☒ c. CEG: Conditionally Exempt Generator: (Generates between 0-220 lbs/mo, less than 2.2 lbs of acute hazardous waste and less than 2,200 lbs accumulated on-site)

2. Are you a hazardous waste generator due to remediation of environmental contamination or a business closure?

- ☐ Yes ☒ No

If yes, find out about expedited annual reporting at:

www.deq.state.or.us/wmc/hw/factsheets/HWFeesForCleanups.p

☐ 3. Importer of Hazardous Waste

☐ 4. Generator of Mixed Waste (hazardous and radioactive)

5. Transporter of Hazardous Waste

- ☐ a. Transports hazardous waste generated at this facility
- ☐ b. Transports for commercial purposes
- ☐ c. Hazardous Waste Transfer Facility

☐ 6. Treatment, Storage, Disposal (TSD) Facility

(Note: A RCRA Permit is required for this activity)

7. Recycler of Hazardous Waste

- ☐ a. Recycles HW generated at this facility
- ☐ b. Recycles HW generated by other facilities

8. Hazardous waste management in RCRA permit exempt units (e.g. elementary neutralization units, waste water treatment units, or accumulation tanks or containers)

- ☐ a. Manages HW generated at this facility
- ☐ b. Manages HW generated by other facilities

9. Exempt Boiler and/or Industrial Furnace

- ☐ a. Small Quantity On-Site Burner Exemption
- ☐ b. Smelting, Melting, Refining Furnace Exemption

☐ 10. Underground Injection Control

If yes, there may be additional reporting requirements at:

www.deq.state.or.us/wq/groundwa/uichome.htm

11. Description of Hazardous Wastes

1. Waste Codes for Federally Regulated Hazardous Wastes: Identify the federal hazardous waste codes that best describe your waste (e.g., D001 - Ignitable, D002 - Corrosive, D003 - Reactive, etc.) List additional federal codes in the comments section.

2. Waste Codes for State Regulated (i.e., non-federal) Hazardous Wastes: Identify the Oregon state-only hazardous waste codes that best describe your waste (e.g., ORX001, ORX007, ORP003, ORU001, etc.)

12. Universal Waste Activities (Mark the appropriate boxes for activities that apply to your site)

☐ 1. Large Quantity Handler of Universal Waste

(Accumulates a total of 11,000 lbs. or more of universal waste at any time, at the location at which it was generated)

☐ 2. Off-site Universal Waste Collection Site

(Accumulates a total of 2,000 lbs. or more of universal waste received from off-site). If yes, there are additional notification requirements at:

www.deq.state.or.us/wmc/documents/uwnnotification.pdf

☐ 3. Pesticide Collection Program

(Collects and accumulates waste pesticides from off-site). If yes, there are additional notification requirements at:

www.deq.state.or.us/wmc/documents/uwnnotification.pdf

☐ 4. Destination Facility for Universal Waste

(A facility that treats, disposes of, or recycles universal wastes on-site)

5. Mark all boxes that apply

	Generate	Accumulate
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Mercury containing thermostats	<input type="checkbox"/>	<input type="checkbox"/>
c. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
d. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>

13. Used Oil Activities (Mark the appropriate boxes for activities that apply to your site)

☐ 1. Used Oil Collection Center

☐ 2. Used Oil Transporter

☐ 3. Used Oil Transfer Facility

4. Used Oil Processor/Re-refiner

Indicate type(s) of activity(s)

- ☐ a. Processor
- ☐ b. Re-refiner

☐ 5. Off-Specification Used Oil Burner (not used oil space heaters operating according to CFR 279.23)

6. Used Oil Fuel Marketer

Indicate type(s) of activity(s)

- ☐ a. Marketer who directs shipments of off-specification used oil to off-specification used oil burner
- ☐ b. Marketer who first claims the used oil to meet the specifications

RCRA Waste Site Identification Form**Site ID**

RCRA Site ID Number:

ORD009056037

14. Comments**15. Certification**

This form cannot be processed without a signature

I certify that under penalty of law that I have personally examined and am familiar with the information submitted in this demonstration and all attached documents, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature_____
Date_____
Name (print or type)_____
Title

If you have special accommodation needs or require this document in an alternative format, please contact the Hazardous Waste Section in Portland at 503-229-6938 or toll-free within the State of Oregon at 1-800-452-4011, extension 6938

16. Electronic Submittals

DEQ will issue a PIN number and electronic filing instructions in a letter addressed to the Forms Contact in Section 8 on this form. The electronic reporting system may be used for your company's annual reporting and site identification updates.

RCRA Waste Site Identification Form

Site ID



State of Oregon
Department of
Environmental
Quality

State of Oregon Department of Environmental Quality

Accounting Section

811 SW Sixth Avenue, Portland, OR 97204-1390

Questions: (503)229-6511 in Portland, OR or toll free in Oregon: (800)452-4011 Ext. 6511

Fax: (503)229-6977

TTY: (503)229-6993

Email: hazwaste@deq.state.or.us

Web site: www.DeqHazWaste.net

1. Reason for Submittal

☐ To provide **New** Notification of Regulated Waste Activity (complete entire form)☐ Initial Notification (\$200 non-refundable fee required)☐ Change in business ownership (represent the new owner) (No fee required)☐ Reactivation of RCRA Site ID Number (\$200 non-refundable fee required)☐ To provide **Revised** Site Identification Information☐ To **Withdraw** Site Identification Number Effective Date: 12/31/2003☐ Completion of RCRA waste activity☐ Change in business ownership (represent the old owner)☒ To provide as a component of the **Annual Hazardous Waste Report** (skip section 11, 12, and 13)

Reporting Year: 2003

If ownership changed:

☒ Filing for entire year☐ Filing for partial year

2. RCRA Site ID Number:

ORD009056037

3a. Site Location Information

Company Name: Consolidated Metco Inc

Site Location: 13940 N RIVERGATE BLVD

PORTLAND, OR 97203

County: MULTNOMAH

Corp. Div. Reg. Nbr.: 007910-20

NAICS Code: 331524

Employee Count: 225

4a. Site Contact

Person Name: Ernest Nimister

Mailing Address: PO Box 83201

Portland, OR 97283-0201

Country: UNITED STATES

Phone Number (Ext): (503) 240-5493

Email Address: enimister@conmet.com

5a. Land Owner

Name: Consolidated Metco, Inc.

Mailing Address: PO Box 83201

Portland, OR 97283-0201

Country: UNITED STATES

Phone Number (Ext): (503) 286-5741

Owner Type: ☒ Private ☐ Federal ☐ State ☐ County ☐ District ☐ Municipal ☐ Tribal ☐ Other

RCRA Waste Site Identification Form**Site ID**

RCRA Site ID Number:

ORD009056037

6a. Legal Owner

Name: Consolidated Metco, Inc.
Mailing Address: PO Box 83201
Portland, OR 97283-0201
Country: UNITED STATES
Phone Number (Ext): (503) 286-5741
Owner Since: 06/01/1964

Owner Type: ☒ Private ☐ Federal ☐ State ☐ County ☐ District ☐ Municipal ☐ Tribal ☐ Other

7a. Site Operator

Name: Consolidated Metco, Inc.
Mailing Address: PO Box 83201
Portland, OR 97283-0201
Country: UNITED STATES
Phone Number (Ext): (503) 286-5741
Operator Since: 06/01/1964

Operator Type: ☒ Private ☐ Federal ☐ State ☐ County ☐ District ☐ Municipal ☐ Tribal ☐ Other

8a. Hazardous Waste Forms Contact

Person Name: Ernest Nimister
Organization: Consolidated Metco Inc
Mailing Address: PO Box 83201
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Country: UNITED STATES
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RCRA Waste Site Identification Form

Site ID

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2. Are you a hazardous waste generator due to remediation of environmental contamination or a business closure?

- ☐ Yes ☒ No

If yes, find out about expedited annual reporting at:
www.deq.state.or.us/wmc/hw/factsheets/HWFeesForCleanups.p

☐ 3. Importer of Hazardous Waste

☐ 4. Generator of Mixed Waste (hazardous and radioactive)

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- ☐ a. Transports hazardous waste generated at this facility
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- ☐ c. Hazardous Waste Transfer Facility

☐ 6. Treatment, Storage, Disposal (TSD) Facility (Note: A RCRA Permit is required for this activity)

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- ☐ a. Small Quantity On-Site Burner Exemption
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If yes, there may be additional reporting requirements at:
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11. Description of Hazardous Wastes

1. Waste Codes for Federally Regulated Hazardous Wastes: Identify the federal hazardous waste codes that best describe your waste (e.g., D001 - Ignitable, D002 - Corrosive, D003 - Reactive, etc.) List additional federal codes in the comments section.

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☐ 4. Destination Facility for Universal Waste

(A facility that treats, disposes of, or recycles universal wastes on-site)

5. Mark all boxes that apply

	Generate	Accumulate
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Mercury containing thermostats	<input type="checkbox"/>	<input type="checkbox"/>
c. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
d. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>

13. Used Oil Activities (Mark the appropriate boxes for activities that apply to your site)

☐ 1. Used Oil Collection Center

☐ 2. Used Oil Transporter

☐ 3. Used Oil Transfer Facility

4. Used Oil Processor/Re-refiner

Indicate type(s) of activity(s)

- ☐ a. Processor
- ☐ b. Re-refiner

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RCRA Waste Site Identification Form**Site ID**

RCRA Site ID Number:

ORD009056037

14. Comments**15. Certification**

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Signature_____
Date_____
Name (print or type)_____
Title

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Accounting Section

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Effective Date: 12/31/2004

☐ Completion of RCRA waste activity☐ Change in business ownership (represent the old owner)☒ To provide as a component of the **Annual Hazardous Waste Report** (skip section 11, 12, and 13)

Reporting Year: 2004

If ownership changed:

☒ Filing for entire year☐ Filing for partial year

2. RCRA Site ID Number:

ORD009056037

3a. Site Location Information

Company Name: Consolidated Metco Inc

Site Location: 13940 N RIVERGATE BLVD.

PORTLAND, OR 97203

County: MULTNOMAH

Corp. Div. Reg. Nbr.: 007910-20

NAICS Code: 331524

Employee Count: 225

4a. Site Contact

Person Name: Ernest Nimister

Mailing Address: PO Box 83201

Portland, OR 97283-0201

Country: UNITED STATES

Phone Number (Ext): (503) 240-5493

Email Address: enimister@conmet.com

5a. Land Owner

Name: Consolidated Metco, Inc.

Mailing Address: PO Box 83201

Portland, OR 97283-0201

Country: UNITED STATES

Phone Number (Ext): (503) 286-5741

Owner Type: ☒ Private ☐ Federal ☐ State ☐ County ☐ District ☐ Municipal ☐ Tribal ☐ Other

RCRA Waste Site Identification Form**Site ID**

RCRA Site ID Number:

ORD009056037

6a. Legal Owner

Name: Consolidated Metco, Inc.
Mailing Address: PO Box 83201
Portland, OR 97283-0201
Country: UNITED STATES
Phone Number (Ext): (503) 286-5741
Owner Since: 06/01/1964
Owner Type: ☒ Private ☐ Federal ☐ State ☐ County ☐ District ☐ Municipal ☐ Tribal ☐ Other

7a. Site Operator

Name: Consolidated Metco, Inc.
Mailing Address: PO Box 83201
Portland, OR 97283-0201
Country: UNITED STATES
Phone Number (Ext): (503) 286-5741
Operator Since: 06/01/1964
Operator Type: ☒ Private ☐ Federal ☐ State ☐ County ☐ District ☐ Municipal ☐ Tribal ☐ Other

8a. Hazardous Waste Forms Contact

Person Name: Ernest Nimister
Organization: Consolidated Metco Inc
Mailing Address: PO Box 83201
Portland, OR 97283-0201
Country: UNITED STATES
Phone Number (Ext): (503) 240-5493
Email Address: enimister@conmet.com

9a. Hazardous Waste Fee Contact

Person Name: Ernest Nimister
Organization: Consolidated Metco Inc
Mailing Address: PO Box 83201
Portland, OR 97283-0201
Country: UNITED STATES
Phone Number (Ext): (503) 240-5493
Email Address: enimister@conmet.com

RCRA Waste Site Identification Form

Site ID

RCRA Site ID Number:

ORD009056037

10. Hazardous Waste Activities (Mark the appropriate boxes for activities that apply to your site)

1. Generator of Hazardous Waste

- ☐ a. LQG: Large Quantity Generator (Generates greater than 2,200 lbs/mo or more than 2.2 lbs of acute hazardous waste)
- ☒ b. SQG: Small Quantity Generator: (Generates between 220-2,200 lbs/mo or more than 2.200 lbs accumulated on-site)
- ☐ c. CEG: Conditionally Exempt Generator: (Generates between 0-220 lbs/mo, less than 2.2 lbs of acute hazardous waste and less than 2,200 lbs accumulated on-site)

2. Are you a hazardous waste generator due to remediation of environmental contamination or a business closure?

☐ Yes ☒ No

If yes, find out about expedited annual reporting at:
www.deq.state.or.us/wmc/hw/factsheets/HWFeesForCleanups.p

☐ 3. Importer of Hazardous Waste

☐ 4. Generator of Mixed Waste (hazardous and radioactive)

5. Transporter of Hazardous Waste

- ☐ a. Transports hazardous waste generated at this facility
- ☐ b. Transports for commercial purposes
- ☐ c. Hazardous Waste Transfer Facility

☐ 6. Treatment, Storage, Disposal (TSD) Facility

(Note: A RCRA Permit is required for this activity)

7. Recycler of Hazardous Waste

- ☐ a. Recycles HW generated at this facility
- ☐ b. Recycles HW generated by other facilities

8. Hazardous waste management in RCRA permit exempt units (e.g. elementary neutralization units, waste water treatment units, or accumulation tanks or containers)

- ☐ a. Manages HW generated at this facility
- ☐ b. Manages HW generated by other facilities

9. Exempt Boiler and/or Industrial Furnace

- ☐ a. Small Quantity On-Site Burner Exemption
- ☐ b. Smelting, Melting, Refining Furnace Exemption

☐ 10. Underground Injection Control

If yes, there may be addition reporting requirements at:
www.deq.state.or.us/wq/groundwa/uihome.htm

11. Description of Hazardous Wastes

1. Waste Codes for Federally Regulated Hazardous Wastes: Identify the federal hazardous waste codes that best describe your waste (e.g., D001 - Ignitable, D002 - Corrosive, D003 - Reactive, etc.) List additional federal codes in the comments section.

D001, D008

2. Waste Codes for State Regulated (i.e., non-federal) Hazardous Wastes: Identify the Oregon state-only hazardous waste codes that best describe your waste (e.g., ORX001, ORX007, ORP003, ORU001, etc.)

12. Universal Waste Activities (Mark the appropriate boxes for activities that apply to your site)

☐ 1. Large Quantity Handler of Universal Waste

(Accumulates a total of 11,000 lbs. or more of universal waste at any time, at the location at which it was generated)

☐ 2. Off-site Universal Waste Collection Site

(Accumulates a total of 2,000 lbs. or more of universal waste received from off-site). If yes, there are additional notification requirements at:

www.deq.state.or.us/wmc/documents/uwnotification.pdf

☐ 3. Pesticide Collection Program

(Collects and accumulates waste pesticides from off-site). If yes, there are additional notification requirements at:

www.deq.state.or.us/wmc/documents/uwnotification.pdf

☐ 4. Destination Facility for Universal Waste

(A facility that treats, disposes of, or recycles universal wastes on-site)

5. Mark all boxes that apply

	Generate	Accumulate
a. Batteries	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Mercury containing thermostats	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Lamps	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>

13. Used Oil Activities (Mark the appropriate boxes for activities that apply to your site)

☐ 1. Used Oil Collection Center

☐ 2. Used Oil Transporter

☐ 3. Used Oil Transfer Facility

4. Used Oil Processor/Re-refiner

Indicate type(s) of activity(s)

- ☐ a. Processor
- ☐ b. Re-refiner

☐ 5. Off-Specification Used Oil Burner (not used oil space heaters operating according to CFR 279.23)

6. Used Oil Fuel Marketer

Indicate type(s) of activity(s)

- ☐ a. Marketer who directs shipments of off-specification used oil to off-specification used oil burner
- ☐ b. Marketer who first claims the used oil to meet the specifications

RCRA Waste Site Identification Form**Site ID**

RCRA Site ID Number:

ORD009056037

14. Comments**15. Certification****This form cannot be processed without a signature**

I certify that under penalty of law that I have personally examined and am familiar with the information submitted in this demonstration and all attached documents, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature_____
Date_____
Name (print or type)_____
Title

If you have special accommodation needs or require this document in an alternative format, please contact the Hazardous Waste Section in Portland at 503-229-6938 or toll-free within the State of Oregon at 1-800-452-4011, extension 6938

16. Electronic Submittals

DEQ will issue a PIN number and electronic filing instructions in a letter addressed to the Forms Contact in Section 8 on this form. The electronic reporting system may be used for your company's annual reporting and site identification updates.

RCRA Waste Site Identification Form

Site ID



State of Oregon
Department of
Environmental
Quality

State of Oregon Department of Environmental Quality

Accounting Section

811 SW Sixth Avenue, Portland, OR 97204-1390

Questions: (503)229-6511 in Portland, OR or toll free in Oregon: (800)452-4011 Ext. 6511

Fax: (503)229-6977

TTY: (503)229-6993

Email: hazwaste@deq.state.or.us

Web site: www.DeqHazWaste.net

1. Reason for Submittal

☐ To provide **New Notification of Regulated Waste Activity** (complete entire form)☐ Initial Notification (\$200 non-refundable fee required)☐ Change in business ownership (represent the new owner) (No fee required)☐ Reactivation of RCRA Site ID Number (\$200 non-refundable fee required)☒ To provide **Revised Site Identification Information**☐ To **Withdraw Site Identification Number** Effective Date: 01/06/2006☐ Completion of RCRA waste activity☐ Change in business ownership (represent the old owner)☐ To provide as a component of the **Annual Hazardous Waste Report** (skip section 11, 12, and 13)

Reporting Year:

If ownership changed:

☒ Filing for entire year☐ Filing for partial year

2. RCRA Site ID Number:

ORD009056037

3a. Site Location Information

Company Name: Consolidated Metco Inc

Site Location: 13940 N RIVERGATE BLVD

PORTLAND, OR 97203

County: MULTNOMAH

Corp. Div. Reg. Nbr.: 007910-20

NAICS Code: 331524

Employee Count: 225

4a. Site Contact

Person Name: Ernest Nimister

Mailing Address: PO Box 83201

Portland, OR 97283-0201

Country: UNITED STATES

Phone Number (Ext): (503) 240-5493

Email Address: enimister@conmet.com

5a. Land Owner

Name: Consolidated Metco, Inc.

Mailing Address: PO Box 83201

Portland, OR 97283-0201

Country: UNITED STATES

Phone Number (Ext): (503) 286-5741

Owner Type: ☒ Private ☐ Federal ☐ State ☐ County ☐ District ☐ Municipal ☐ Tribal ☐ Other

RCRA Waste Site Identification Form**Site ID**

RCRA Site ID Number:

ORD009056037

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Mailing Address: PO Box 83201
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Country: UNITED STATES
Phone Number (Ext): (503) 286-5741
Owner Since: 06/01/1964
Owner Type: ☒ Private ☐ Federal ☐ State ☐ County ☐ District ☐ Municipal ☐ Tribal ☐ Other

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Operator Since: 06/01/1964
Operator Type: ☒ Private ☐ Federal ☐ State ☐ County ☐ District ☐ Municipal ☐ Tribal ☐ Other

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Person Name: Ernest Nimister
Organization: Consolidated Metco Inc
Mailing Address: PO Box 83201
Portland, OR 97283-0201
Country: UNITED STATES
Phone Number (Ext): (503) 240-5493
Email Address: enimister@conmet.com

9a. Hazardous Waste Fee Contact

Person Name: Ernest Nimister
Organization: Consolidated Metco Inc
Mailing Address: PO Box 83201
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RCRA Waste Site Identification Form

Site ID

RCRA Site ID Number:

ORD009056037

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- ☒ c. CEG: Conditionally Exempt Generator: (Generates between 0-220 lbs/mo, less than 2.2 lbs of acute hazardous waste and less than 2,200 lbs accumulated on-site)

2. Are you a hazardous waste generator due to remediation of environmental contamination or a business closure?

- ☐ Yes ☒ No

If yes, find out about expedited annual reporting at:

www.deq.state.or.us/wmc/hw/factsheets/HWFeesForCleanups.p

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☐ 4. Generator of Mixed Waste (hazardous and radioactive)

5. Transporter of Hazardous Waste

- ☐ a. Transports hazardous waste generated at this facility
- ☐ b. Transports for commercial purposes
- ☐ c. Hazardous Waste Transfer Facility

☐ 6. Treatment, Storage, Disposal (TSD) Facility

(Note: A RCRA Permit is required for this activity)

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- ☐ a. Recycles HW generated at this facility
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- ☐ a. Small Quantity On-Site Burner Exemption
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☐ 4. Destination Facility for Universal Waste

(A facility that treats, disposes of, or recycles universal wastes on-site)

5. Mark all boxes that apply

	Generate	Accumulate
a. Batteries	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Mercury containing thermostats	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Lamps	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>

13. Used Oil Activities (Mark the appropriate boxes for activities that apply to your site)

☐ 1. Used Oil Collection Center

☐ 2. Used Oil Transporter

☐ 3. Used Oil Transfer Facility

4. Used Oil Processor/Re-refiner

Indicate type(s) of activity(s)

- ☐ a. Processor
- ☐ b. Re-refiner

☐ 5. Off-Specification Used Oil Burner (not used oil space heaters operating according to CFR 279.23)

6. Used Oil Fuel Marketer

Indicate type(s) of activity(s)

- ☐ a. Marketer who directs shipments of off-specification used oil to off-specification used oil burner
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RCRA Waste Site Identification Form**Site ID**

RCRA Site ID Number:

ORD009056037

14. Comments**15. Certification****This form cannot be processed without a signature**

I certify that under penalty of law that I have personally examined and am familiar with the information submitted in this demonstration and all attached documents, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature_____
Date_____
Name (print or type)_____
Title

If you have special accommodation needs or require this document in an alternative format, please contact the Hazardous Waste Section in Portland at 503-229-6938 or toll-free within the State of Oregon at 1-800-452-4011, extension 6938

16. Electronic Submittals

DEQ will issue a PIN number and electronic filing instructions in a letter addressed to the Forms Contact in Section 8 on this form. The electronic reporting system may be used for your company's annual reporting and site identification updates.

Registration Verification Report '94



This report is for DEQ/EPA ID ORD009056037 assigned to Consolidated Metco Inc.
located at 13940 N RIVERGATE BLVD, PORTLAND 97203 in MULTNOMAH county.

Did the ownership of this facility CHANGE in calendar year 1994? NO ☒

YES ☐

Date:

The MAILING ADDRESS of this facility is:

Name: Consolidated Metco Inc
Address: PO Box 83201
City: Portland State: OR ZIP: 97283-0201

The LEGAL OWNER of this facility is

Name: Consolidated Metco, Inc.
Address: 13940 North Rivergate Boulevard Phone: (503) 286-5741
City: Portland State: OR ZIP: 97203

The OPERATOR of this facility is:

Organization: Consolidated Metco, Inc. Contact:
Address: 13940 North Rivergate Boulevard Phone: (503) 286-5741
City: Portland State: OR ZIP: 97203

The OWNER of the LAND on which this facility is located is:

Name: Consolidated Metco, Inc.
Address: 13940 North Rivergate Boulevard Phone: (503) 286-5741
City: Portland State: OR ZIP: 97203

The BILLING ADDRESS for hazardous waste fees for this facility is:

Organization: Consolidated Metco Inc Contact: Ernest Nimister
Address: ~~13940 N Rivergate Blvd~~ PO Box 83201 Phone: (503) 240-5493
City: Portland State: OR ZIP: 97283-0201

The contact for SITE VISITS and INSPECTIONS for this facility is:

Name: Brice Barker / Plant Mgr Phone: 503 286 5741

The contact for QUESTIONS ABOUT THESE FORMS is:

Name: Ernest Nimister / Manager Environmental/ Phone: (503) 240-5493

The Standard Industrial Classification (SIC) code that best describes this facility's operations is:
3365 ALUMINUM FOUNDRIES

If this SIC code is UNKNOWN or NOT correct, please enter a new one

In prior years, this facility reported the number of regular employees as ~~From 1 to 50~~ 51 or more
How many people were employed in 1994? APPROX. 200

Hazardous Waste Generator Status

This facility last reported its generator status to DEQ in 1993 as a Small Quantity Generator
Check the appropriate box below to indicate this facility's generator status for calendar year 1994

☐ Large Quantity Generator ☒ Small Quantity Generator ☐ Conditionally Exempt Generator

1. Does this facility recycle hazardous waste generated on site?

☐ YES

☒ NO--If your answer is no, skip to question 2.

If your answer is yes, what type of recycling activities occur at your facility? (Check as many boxes as appropriate.)

☐ use as an ingredient in a process

☐ use as a substitute as a commercial chemical product

☐ solvent recycling

☐ acid regeneration

☐ precious metal recovery

☐ energy recovery

☐ other

2. Is this facility a designated recycling facility receiving waste from offsite for recycling

☐ YES

☒ NO--If your answer is no, skip to question 3.

If your answer is yes, what type of recycling activities occur at your facility? (Check as many boxes as appropriate.)

☐ use as an ingredient in a process

☐ use as a substitute as a commercial chemical product

☐ solvent recycling

☐ acid regeneration

☐ precious metal recovery

☐ energy recovery

☐ other

3. Is this facility a generator that treats in accumulation tanks or containers?

☐ YES

☒ NO--If your answer is no, skip to certification statement.

If your answer is yes, what type of recycling activities occur at your facility? (Check as many boxes as appropriate.)

☐ solidification

☐ chemical precipitation

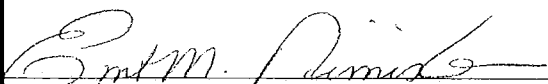
☐ settling/clarification

☐ neutralization

☐ stabilization

☐ other

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine, or imprisonment.



FEB. 1, 1995

Signature

Date

ERNEST M. NIMISTER

MGR. ENVIRONMENTAL COMPLIANCE & SAFETY

Name (please print)

Title

1994 Waste Generation & Management—Answer Sheet

PLEASE ENTER:

Facility name: Consolidated Metco, Inc.

EPA ID number: ORD009056037

Note: Make as many two-sided copies of the answer sheet as you need BEFORE answering any questions.
REVIEW QUESTIONS ON PAGES 9-12 BEFORE COMPLETING ANSWER SHEET.

PLEASE TYPE ALL FORMS. FOR EASE OF TYPING, SET LINE SPACING TO 1 1/2.

1. Waste Stream Description Spent mold paint (releasing agent) from aluminum permanent mold casting operation. (Selenium, Boron Nitrate)
2. EPA Codes D010
3. State Only Code OR _____ 4. SIC Code 3365 5. Mixed Radioactive? ☒ No ☐ Yes
6. Source Code A 29 7. Form Code B403
8. Waste Origin 1 ☒ 2 ☐ 3 ☐ 4 ☐ 8 A. Residual Management M _____
9. Reported Toxic Substances in Waste? 1 ☒ 2 ☐ 3 ☐
- 9A. CAS Number _____
10. Point of Measurement or Calculation 1 ☐ 2 ☐ 3 ☒ 4 ☐
11. Quantity Generated 800
Unit of Measure P ☒ G ☐ ST ☐ C ☐ K ☐ L ☐ MT ☐
- 11A. Density _____ ☐ Pounds/gallon ☐ Specific gravity ☐ Pounds/cubic yard
12. Managed On or Off-site? ☐ On-site ☒ Off-site ☐ Both On-site & Off-site
13. Quantity _____ Management Code _____

If any of this waste stream was shipped off-site in 1994, give details of each shipment on the back of this answer sheet.

Comments:

6. The surface coating is utilized in an aluminum foundry as a releasing agent from permanent molds (steel).

EPA ID number: ORD009056037

1994 Waste Generation & Management—Answer Sheet

PLEASE ENTER:

Facility name: Consolidated Metco, Inc.

EPA ID number: ORD009056037

Note: Make as many two-sided copies of the answer sheet as you need BEFORE answering any questions.
REVIEW QUESTIONS ON PAGES 9-12 BEFORE COMPLETING ANSWER SHEET.

PLEASE TYPE ALL FORMS. FOR EASE OF TYPING, SET LINE SPACING TO 1 1/2.

1. Waste Stream Description Solvent 105 (spent non-halogenated solvent) from a Safety-Kleen parts washer. Combustible liquid comprised of primarily Petroleum Naptha.
2. EPA Codes D001 D018 D039
3. State Only Code OR _____ 4. SIC Code 3365 5. Mixed Radioactive? ☒ No ☐ Yes
6. Source Code A 19 7. Form Code B203
8. Waste Origin 1 ☒ 2 ☐ 3 ☐ 4 ☐ 8 A. Residual Management M _____
9. Reported Toxic Substances in Waste? 1 ☒ 2 ☐ 3 ☐
- 9A. CAS Number _____
10. Point of Measurement or Calculation 1 ☐ 2 ☐ 3 ☒ 4 ☐
11. Quantity Generated 54
- Unit of Measure P ☐ G ☒ ST ☐ C ☐ K ☐ L ☐ MT ☐
- 11A. Density 6.7 ☒ Pounds/gallon ☐ Specific gravity ☐ Pounds/cubic yard
12. Managed On or Off-site? ☐ On-site ☒ Off-site ☐ Both On-site & Off-site
13. Quantity _____ Management Code _____

If any of this waste stream was shipped off-site in 1994, give details of each shipment on the back of this answer sheet.

Comments:

6. Maintenance parts cleaning and degreasing.

EPA ID number: ORD009056037

[illegible]

General Facility Information

A. Section A asks some general questions about your facility.

(The rest of these forms use the term facility to mean facility or site.)

A-1. Which of the following categories describe your facility?

Use the Worksheet on page 4 of this book to determine the categories into which you fit. (Check all that apply.)

- ☒ Hazardous Waste Generator
☐ RCRA Treatment, Storage, or Disposal Facility
☐ Designated Recycling Facility

A-2. What is the name of your facility?

Consolidated Metco, Inc.

A-3. If different from A-2, what is the name of your facility as filed with the Oregon Secretary of State, Corporation Division?

(If same as A-2, write "Same.") Same

A-4. What is your RCRA EPA/DEQ ID number? ORD 009056037

You must complete one set of forms for each ID number held by your company.

A-5. What is the mailing address of this facility?

(Where should DEQ send future form packets and correspondence?)

Street Address or P.O. Box P. O. Box 83201

City, State, ZIP Code Portland, Oregon 97283-0201

County Multnomah

A-6. Where is this facility physically located? (If same as mailing address, write "Same as mailing address.")

Street Address 13940 N. Rivergate Boulevard

(If no street address, enter industrial park, building name, or other physical location description. Do not enter a Post Office box.)

City, State, ZIP Code Portland, Oregon 97203

County Multnomah

Specific location (if available)	Latitude	Degrees	Minutes	Seconds
		45	37	29
	Longitude	122	46	40

(If available, provide the precise location of your facility. Indicate whether you used Township/Range; UTM number; Tax Lot; Latitude/Longitude; or another indicator to provide this.)

A-7. Who is the legal owner of this facility? (Please provide information regarding the person, company, or agency who owns this facility.)

Name Consolidated Metco, Inc.
Street Address or P.O. Box P. O. Box 83201
City, State, ZIP Code Portland, Oregon 97203
County Multnomah
Phone (503) 286 - 5741

A-8. Has the owner of this facility changed since you last filed a notification/update report with DEQ?

☒ No
(If No, skip to A-9)

☐ Yes
(If Yes, answer A-8a)

A-8a. On what date did the ownership change?

Date of ownership change: ____/____/19____
(enter month, day, and year)

A-9. Who is the operator of this facility? (Provide information regarding the person, company, or agency responsible for overall operation of this facility. If same as legal owner, write "Same as legal owner.")

Name Same as Legal Owner
Street Address or P.O. Box _____
City, State, ZIP Code _____
County _____
Phone (_____) _____ - _____

A-10. Whom should the DEQ contact on location at your facility regarding site visits and inspections?

Name and Title Brice Barker, Plant Manager
Phone (503) 286 - 5741

A-11. Whom should the DEQ contact about hazardous waste activity fees?

Name Ernest M. Nimister
Street Address or P.O. Box P. O. Box 83201
City, State, ZIP Code Portland, Oregon 97283-0201
County Multnomah
Phone (503) 286 - 5741

A-12. Whom should the DEQ contact if clarification is needed on these forms?

Name and Title Ernest M. Nimister, Materials Manager
Phone (503) 286 - 5741
Consolidated Metco, Inc.
13940 N. Rivergate Boulevard
Portland, Oregon 97203

A-13. Please enter the four-digit Standard Industrial Classification (SIC) Code that best describes the principal products or services rendered at this facility. (If more than one code applies, please enter the main SIC code in the space for the primary number below, and up to three other relevant SIC codes in the additional spaces below. A list of SIC codes can be found on pages 3-15 in the "Codes" section at the end of the Guidebook.)

1. 3365 (primary) 2. 3714 3. _____ 4. _____

A-14. At the time of this report, approximately how many people are employed full-time at this facility?

- ☐ 1 to 50 employees
☒ 51 or more employees

B. Section B asks about specific hazardous waste activities at your facility.

To complete this section, you need to know if you are a Hazardous Waste Generator; RCRA Treatment/Storage/Disposal (TSD) facility; and/or a Designated Hazardous Waste Recycling Facility. You provided this information when answering question A-1 at the beginning of this form.

B-1. Is your facility a hazardous waste generator?

(If not sure, refer to Worksheet #1 on page 4 of this book.)

☒ Yes
 (If Yes, answer B-1a)



B-1a. What type of hazardous waste generator is your facility? (Check one.)

(If not sure, refer to Worksheet #2 on page 5 of this book.)

- ☐ Large Quantity Generator
☒ Small Quantity Generator
☐ Conditionally Exempt Generator

(Conditionally Exempt Generators who are not required to report for other reasons — e.g., because they are a TSD — do not need to complete these forms, but should return the postcard on the back cover of this book.)

☐ No
 (If No, answer B-1b)



B-1b. If your facility is NOT a hazardous waste generator, please indicate the reason(s) below. (Check all that apply.)

- ☐ Our facility never generated hazardous waste
- ☐ Our facility has gone out of business:
 Date closed: ____ / ____ / 19____
 (enter month, day, and year)
- ☐ The waste generated at our facility is exempt from state and RCRA hazardous waste regulation.
- ☐ Our facility generates hazardous waste only occasionally and generated none in 1991.
- ☐ Our facility previously was a generator, but did not generate any hazardous waste during 1991 due to an effective waste minimization program.
- ☐ Other (please specify): _____

B-2. Did your facility treat, dispose of, or recycle any hazardous waste on-site in units that are exempt from RCRA permitting requirements?

Most hazardous waste management activities — such as treating or disposing of hazardous waste — require a permit under the Resource Conservation and Recovery Act. However, certain facilities manage hazardous waste in systems that are exempt from these permit requirements. If any of these exempt systems are used at your facility, please check yes. (If you are not sure, see the definitions of Treatment, Disposal, and Recycling in the "Definitions" section of the Guidebook, pages 13-16, or contact DEQ at (503) 229-6240 for more information.)

☐ Yes

(If Yes, answer B-2a and B-2b)

☒ No

(If No, answer B-2c)

B-2a. Do you manage waste generated at this facility or at other facilities? (Check all that apply.)

- ☐ Waste generated at this facility
- ☐ Waste generated at other facilities

B-2b. Which RCRA-exempt activities occur at your facility? (Check all that apply.)

- ☐ Treatment
- ☐ Disposal
- ☐ Recycling

B-2c. If your facility does not treat, dispose of, or recycle hazardous waste in RCRA-exempt units, do you intend to develop this capacity in the future? (Check one.)

- ☐ Yes
- ☒ No
- ☐ Not sure

B-3. Has your facility filed a Part A application or does it hold a Part B permit for the Treatment, Storage, or Disposal of Hazardous Waste as required under the Resource Conservation and Recovery Act? (Note that storage does not mean the temporary accumulation of hazardous waste generated on-site by generators. For definitions of storage and accumulation, see the "Definitions" section of the Guidebook, pages 13-16.)

☐ Yes

(If Yes, answer B-3a, B-3b and B-3c)

☒ No

(If No, answer B-3d)

B-3a. What is the status of your RCRA permit? (Check one.)

- ☐ Part A (interim status)
- ☐ Part B application pending review
- ☐ Part B permit issued

B-3b. Do you manage waste generated at this facility or at other facilities? (Check all that apply.)

- ☐ Waste generated at this facility
- ☐ Waste generated at other facilities

B-3c. Which RCRA-permitted activities occur at your facility? (Check all that apply.)

- ☐ Treatment
- ☐ Storage:
 - ☐ Containers ☐ Tanks ☐ Other _____
- ☐ Disposal

B-3d. Does your facility intend to develop RCRA-permitted treatment, storage, or disposal capacity in the future? (Check one.)

- ☐ Yes
- ☒ No
- ☐ Not sure

C. Section C asks you to certify the information provided in these forms.

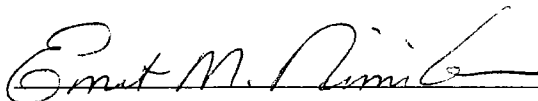
C-1. Upon completion of ALL required forms, please provide the following:

Check which forms you are submitting and list the number of pages submitted for each form.

Form 2 — WMIN	<input type="checkbox"/> _____ # pages	<input checked="" type="checkbox"/> None, not required to submit this form
Form 3 — GEN	<input checked="" type="checkbox"/> <u>5</u> # pages	<input type="checkbox"/> None, not required to submit this form
Form 4 — HWR	<input type="checkbox"/> _____ # pages	<input checked="" type="checkbox"/> None, not required to submit this form
Form 5 — CI	<input type="checkbox"/> _____ # pages	<input checked="" type="checkbox"/> None, not required to submit this form

The following must be signed by an authorized representative of the facility.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.



Signature

February 28, 1992

Date

Ernest M. Nimister

Materials Manager

Name (please print or type)

Title

Oregon DEQ sincerely thanks you for the time and effort you have spent completing these forms.

Form 3 — Hazardous Waste Generation and Management

Answers

PLEASE ENTER:

Facility name: Consolidated Metco, Inc.

EPA ID number: ORD 009056037

Before completing, copy as many **two-sided** sheets as you will need.

A. Description of hazardous waste stream

A-1. Describe waste stream: Solvent 105 (Spent Nonhalogenated Solvent) from a Safety-Kleen Parts Washer. Hazardous due to ignitability. Comprised primarily of Petroleum Naptha.

A-2. EPA hazardous waste code(s) 1. D001 2. _____ 3. _____ 4. _____

A-3. If state-only, Oregon state-only waste code: OR _____

A-4. SIC code (associated with generation of this waste): 3365

A-5. Mixed radioactive? ☒ No ☐ Yes

A-6. Source code: A 19 A _____ A _____

A-7. Waste form code: B 203

A-8. Origin: 1. ☒ Ongoing generation 3. ☐ Residual from management of **non-hazardous** waste
2. ☐ One time/intermittent 4. ☐ Residual from management of **hazardous** waste

A-8a. If residual from management of hazardous waste, enter system code: M _____

A-9. Reported toxic substances in waste?

1. ☒ No, facility did not fill out Form R 3. ☐ Yes, waste contains toxic substance
2. ☐ No, no toxic substances in waste 4. ☐ Don't know

A-9a. C.A.S. number(s): _____

A-10. Point of measurement or calculation:

1. ☐ Before mixing with hazardous or non-hazardous wastes
2. ☐ After mixing several different hazardous waste streams together
3. ☒ After mixing with **non-hazardous** wastes
4. ☐ After mixing multiple hazardous waste streams and non-hazardous wastes

A-11. Quantity generated: 330 Unit of measure (Check one): ☐ ST ☐ MT ☐ P ☐ K ☒ G ☐ L ☐ C

A-11a. If unit of measure is G, L, or C, enter the density and indicate the density unit of measure for the waste.

Density: 6.4 Unit of measure: ☒ Pounds/gallon ☐ Specific gravity ☐ Pounds/cubic yard

Please turn over.

B. Waste minimization measures

B-1. Waste minimization measures? ☒ No (Skip to Section C) ☐ Yes (Go to B-1a.)

B-1a. Waste minimization activity codes: W_____ W_____ W_____ W_____

B-1b. Increase toxicity or emissions? ☐ Yes ☐ No

B-1c. Enter production index: _____

B-1d. Estimate amount of reduction from source reduction: _____

B-1e. Estimate amount recycled: _____

C. Waste management activities

C-1. Was waste stream managed on-site or off-site in 1991?

1. ☐ Managed on-site only 2. ☐ Managed off-site only 3. ☒ Part managed on-site; part managed off-site

C-2. System 1. Quantity managed on-site: 220 Gallons On-site system code: M 121

System 2. Quantity managed on-site: _____ On-site system code: M_____

C-3. Please provide the following information for *each shipment* of the waste managed off-site.

1991 manifest shipment date (enter month/day)	Manifest document number	Quantity shipped (use unit of measure from A-11)	EPA ID # of receiving facility	How managed (enter system code)	Managed at comm. facility? (Y/N)
_____	_____	_____	_____	M_____	_____
_____	_____	_____	_____	M_____	_____
_____	_____	_____	_____	M_____	_____
_____	_____	_____	_____	M_____	_____

If more than four shipments, please use the attached continuation sheet, or see page 11 of the Guidebook for instructions on providing a computer-generated continuation sheet.

D. Please provide any comments, additional information, or explanation:

A-6 This is a mold releasing agent.

C-1 Spencer Environmental is contracted to neutralize the waste stream on-site and then transports and treats the product as industrial waste water.

Continuation Sheet for Question C-3

EPA ID number: ORD 009056037

Continuation sheet # 2 of 2.

Waste Stream's RCRA or State Waste Code(s) D001

[illegible]

B. Waste minimization measures

B-1. Waste minimization measures? ☒ No (Skip to Section C) ☐ Yes (Go to B-1a.)

B-1a. Waste minimization activity codes: W_____ W_____ W_____ W_____

B-1b. Increase toxicity or emissions? ☐ Yes ☐ No

B-1c. Enter production index: _____

B-1d. Estimate amount of reduction from source reduction: _____

B-1e. Estimate amount recycled: _____

C. Waste management activities

C-1. Was waste stream managed on-site or off-site in 1991?

1. ☐ Managed on-site only 2. ☒ Managed off-site only 3. ☐ Part managed on-site; part managed off-site

C-2. System 1. Quantity managed on-site: _____ On-site system code: M_____

System 2. Quantity managed on-site: _____ On-site system code: M_____

C-3. Please provide the following information for *each shipment* of the waste managed off-site.

1991 manifest shipment date (enter month/day)	Manifest document number	Quantity shipped (use unit of measure from A-11)	EPA ID # of receiving facility	How managed (enter system code)	Managed at comm. facility? (Y/N)
02/21/91	45261	60	ORD 092895481	M 021	Y
04/19/91	38095	60	ORD 092895481	M 021	Y
06/13/91	30387	60	ORD 092895481	M 021	Y
08/08/91	33640	60	ORD 092895481	M 021	Y

If more than four shipments, please use the attached continuation sheet, or see page 11 of the Guidebook for instructions on providing a computer-generated continuation sheet.

D. Please provide any comments, additional information, or explanation:

Form 1

General Facility Information

A. Section A asks some general questions about your facility.

(The rest of these forms use the term facility to mean facility or site.)

A-1. Which of the following categories describe your facility?

Use the Worksheet on page 4 of this book to determine the categories into which you fit. (Check all that apply.)

- ☒ Hazardous Waste Generator
- ☐ RCRA Treatment, Storage, or Disposal Facility
- ☐ Designated Recycling Facility

A-2. What is the name of your facility?

Consolidated Metco, Inc.

A-3. If different from A-2, what is the name of your facility as filed with the Oregon Secretary of State, Corporation Division?

(If same as A-2, write "Same.") Same

A-4. What is your RCRA EPA/DEQ ID number? ORD 009056037

You must complete one set of forms for each ID number held by your company.

A-5. What is the mailing address of this facility?

(Where should DEQ send future form packets and correspondence?)

Street Address or P.O. Box P. O. Box 83201
City, State, ZIP Code Portland, Oregon 97283-0201
County Multnomah

A-6. Where is this facility physically located? (If same as mailing address, write "Same as mailing address.")

Street Address 13940 N. Rivergate Boulevard
(If no street address, enter industrial park, building name, or other physical location description. Do not enter a Post Office box.)
City, State, ZIP Code Portland, Oregon 97203
County Multnomah

Specific location (if available)	Latitude	Degrees	Minutes	Seconds
		45	37	29
	Longitude	122	46	40

(If available, provide the precise location of your facility. Indicate whether you used Township/Range; UTM number; Tax Lot; Latitude/Longitude; or another indicator to provide this.)

A-7. Who is the legal owner of this facility? (Please provide information regarding the person, company, or agency who owns this facility.)

Name Consolidated Metco, Inc.

Street Address or P.O. Box P. O. Box 83201

City, State, ZIP Code Portland, Oregon 97203

County Multnomah

Phone (503) 286 - 5741

A-8. Has the owner of this facility changed since you last filed a notification/update report with DEQ?

☒ No
(If No, skip to A-9)

☐ Yes
(If Yes, answer A-8a)

A-8a. On what date did the ownership change?

Date of ownership change: ____/____/19____
(enter month, day, and year)

A-9. Who is the operator of this facility? (Provide information regarding the person, company, or agency responsible for overall operation of this facility. If same as legal owner, write "Same as legal owner.")

Name Same as Legal Owner

Street Address or P.O. Box _____

City, State, ZIP Code _____

County _____

Phone (_____) _____ - _____

A-10. Whom should the DEQ contact on location at your facility regarding site visits and inspections?

Name and Title Brice Barker, Plant Manager

Phone (503) 286 - 5741

A-11. Whom should the DEQ contact about hazardous waste activity fees?

Name Ernest M. Nimister

Street Address or P.O. Box P. O. Box 83201

City, State, ZIP Code Portland, Oregon 97283-0201

County Multnomah

Phone (503) 286 - 5741

A-12. Whom should the DEQ contact if clarification is needed on these forms?

Name and Title Ernest M. Nimister, Materials Manager

Phone (503) 286 - 5741 Consolidated Metco, Inc.
13940 N. Rivergate Boulevard
Portland, Oregon 97203

A-13. Please enter the four-digit Standard Industrial Classification (SIC) Code that best describes the principal products or services rendered at this facility. (If more than one code applies, please enter the main SIC code in the space for the primary number below, and up to three other relevant SIC codes in the additional spaces below. A list of SIC codes can be found on pages 3-15 in the "Codes" section at the end of the Guidebook.)

1. 3365 (primary) 2. 3714 3. _____ 4. _____

A-14. At the time of this report, approximately how many people are employed full-time at this facility?

- ☐ 1 to 50 employees
☒ 51 or more employees

B. Section B asks about specific hazardous waste activities at your facility.

To complete this section, you need to know if you are a Hazardous Waste Generator; RCRA Treatment/Storage/Disposal (TSD) facility; and/or a Designated Hazardous Waste Recycling Facility. You provided this information when answering question A-1 at the beginning of this form.

B-1. Is your facility a hazardous waste generator?

(If not sure, refer to Worksheet #1 on page 4 of this book.)

☒ Yes
 (If Yes, answer B-1a)



B-1a. What type of hazardous waste generator is your facility? (Check one.)

(If not sure, refer to Worksheet #2 on page 5 of this book.)

- ☐ Large Quantity Generator
☒ Small Quantity Generator
☐ Conditionally Exempt Generator

(Conditionally Exempt Generators who are not required to report for other reasons — e.g., because they are a TSD — do not need to complete these forms, but should return the postcard on the back cover of this book.)

☐ No
 (If No, answer B-1b)



B-1b. If your facility is NOT a hazardous waste generator, please indicate the reason(s) below. (Check all that apply.)

- ☐ Our facility never generated hazardous waste
- ☐ Our facility has gone out of business:
 Date closed: ____ / ____ / 19____
 (enter month, day, and year)
- ☐ The waste generated at our facility is exempt from state and RCRA hazardous waste regulation.
- ☐ Our facility generates hazardous waste only occasionally and generated none in 1991.
- ☐ Our facility previously was a generator, but did not generate any hazardous waste during 1991 due to an effective waste minimization program.
- ☐ Other (please specify): _____

B-2. Did your facility treat, dispose of, or recycle any hazardous waste on-site in units that are exempt from RCRA permitting requirements?

Most hazardous waste management activities — such as treating or disposing of hazardous waste — require a permit under the Resource Conservation and Recovery Act. However, certain facilities manage hazardous waste in systems that are exempt from these permit requirements. If any of these exempt systems are used at your facility, please check yes. (If you are not sure, see the definitions of Treatment, Disposal, and Recycling in the "Definitions" section of the Guidebook, pages 13-16, or contact DEQ at (503) 229-6240 for more information.)

☐ Yes

(If Yes, answer B-2a and B-2b)

☒ No

(If No, answer B-2c)

B-2a. Do you manage waste generated at this facility or at other facilities? (Check all that apply.)

- ☐ Waste generated at this facility
☐ Waste generated at other facilities

B-2b. Which RCRA-exempt activities occur at your facility? (Check all that apply.)

- ☐ Treatment
☐ Disposal
☐ Recycling

B-2c. If your facility does not treat, dispose of, or recycle hazardous waste in RCRA-exempt units, do you intend to develop this capacity in the future? (Check one.)

- ☐ Yes
☒ No
☐ Not sure

B-3. Has your facility filed a Part A application or does it hold a Part B permit for the Treatment, Storage, or Disposal of Hazardous Waste as required under the Resource Conservation and Recovery Act? (Note that storage does not mean the temporary accumulation of hazardous waste generated on-site by generators. For definitions of storage and accumulation, see the "Definitions" section of the Guidebook, pages 13-16.)

☐ Yes

(If Yes, answer B-3a, B-3b and B-3c)

☒ No

(If No, answer B-3d)

B-3a. What is the status of your RCRA permit? (Check one.)

- ☐ Part A (interim status)
☐ Part B application pending review
☐ Part B permit issued

B-3b. Do you manage waste generated at this facility or at other facilities? (Check all that apply.)

- ☐ Waste generated at this facility
☐ Waste generated at other facilities

B-3c. Which RCRA-permitted activities occur at your facility? (Check all that apply.)

- ☐ Treatment
☐ Storage:
☐ Containers ☐ Tanks ☐ Other _____
☐ Disposal

B-3d. Does your facility intend to develop RCRA-permitted treatment, storage, or disposal capacity in the future? (Check one.)

- ☐ Yes
☒ No
☐ Not sure

C. Section C asks you to certify the information provided in these forms.

C-1. Upon completion of ALL required forms, please provide the following:

Check which forms you are submitting and list the number of pages submitted for each form.

Form 2 — WMIN	<input type="checkbox"/> _____ # pages	<input checked="" type="checkbox"/> None, not required to submit this form
Form 3 — GEN	<input checked="" type="checkbox"/> <u>5</u> # pages	<input type="checkbox"/> None, not required to submit this form
Form 4 — HWR	<input type="checkbox"/> _____ # pages	<input checked="" type="checkbox"/> None, not required to submit this form
Form 5 — CI	<input type="checkbox"/> _____ # pages	<input checked="" type="checkbox"/> None, not required to submit this form

The following must be signed by an authorized representative of the facility.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Ernest M. Nimister
Signature

February 28, 1992

Date

Ernest M. Nimister

Materials Manager

Name (please print or type)

Title

Oregon DEQ sincerely thanks you for the time and effort you have spent completing these forms.

Form 3 — Hazardous Waste Generation and Management

Answers

PLEASE ENTER:

Facility name: Consolidated Metco, Inc.

EPA ID number: ORD 009056037

Before completing, copy as many **two-sided** sheets as you will need.

A. Description of hazardous waste stream

A-1. Describe waste stream: Solvent 105 (Spent Nonhalogenated Solvent) from a Safety-Kleen Parts Washer. Hazardous due to ignitability. Comprised primarily of Petroleum Naptha.

A-2. EPA hazardous waste code(s) 1. D001 2. _____ 3. _____ 4. _____

A-3. If state-only, Oregon state-only waste code: _____ OR _____

A-4. SIC code (associated with generation of this waste): 3365

A-5. Mixed radioactive? ☒ No ☐ Yes

A-6. Source code: A 19 A _____ A _____

A-7. Waste form code: B 203

A-8. Origin: 1. ☒ Ongoing generation 3. ☐ Residual from management of **non-hazardous** waste
2. ☐ One time/intermittent 4. ☐ Residual from management of **hazardous** waste

A-8a. If residual from management of hazardous waste, enter system code: M _____

A-9. Reported toxic substances in waste?

1. ☒ No, facility did not fill out Form R 3. ☐ Yes, waste contains toxic substance
2. ☐ No, no toxic substances in waste 4. ☐ Don't know

A-9a. C.A.S. number(s): _____

A-10. Point of measurement or calculation:

1. ☐ Before mixing with hazardous or non-hazardous wastes
2. ☐ After mixing several different hazardous waste streams together
3. ☒ After mixing with **non-hazardous** wastes
4. ☐ After mixing multiple hazardous waste streams and non-hazardous wastes

A-11. Quantity generated: 330 Unit of measure (Check one): ☐ ST ☐ MT ☐ P ☐ K ☒ G ☐ L ☐ C

A-11a. If unit of measure is G, L, or C, enter the density and indicate the density unit of measure for the waste.

Density: 6.4 Unit of measure: ☒ Pounds/gallon ☐ Specific gravity ☐ Pounds/cubic yard

Please turn over.

B. Waste minimization measures

B-1. Waste minimization measures? ☒ No (Skip to Section C) ☐ Yes (Go to B-1a.)

B-1a. Waste minimization activity codes: W_____ W_____ W_____ W_____

B-1b. Increase toxicity or emissions? ☐ Yes ☐ No

B-1c. Enter production index: _____

B-1d. Estimate amount of reduction from source reduction: _____

B-1e. Estimate amount recycled: _____

C. Waste management activities

C-1. Was waste stream managed on-site or off-site in 1991?

1. ☐ Managed on-site only 2. ☐ Managed off-site only 3. ☒ Part managed on-site; part managed off-site

C-2. System 1. Quantity managed on-site: 220 Gallons On-site system code: M 121

System 2. Quantity managed on-site: _____ On-site system code: M_____

C-3. Please provide the following information for *each shipment* of the waste managed off-site.

1991 manifest shipment date (enter month/day)	Manifest document number	Quantity shipped (use unit of measure from A-11)	EPA ID # of receiving facility	How managed (enter system code)	Managed at comm. facility? (Y/N)
_____	_____	_____	_____	M_____	_____
_____	_____	_____	_____	M_____	_____
_____	_____	_____	_____	M_____	_____
_____	_____	_____	_____	M_____	_____

If more than four shipments, please use the attached continuation sheet, or see page 11 of the Guidebook for instructions on providing a computer-generated continuation sheet.

D. Please provide any comments, additional information, or explanation:

A-6 This is a mold releasing agent.

C-1 Spencer Environmental is contracted to neutralize the waste stream on-site and then transports and treats the product as industrial waste water.

Continuation Sheet for Question C-3

Facility name: Consolidated Metco, Inc

EPA ID number: ORD 009056037

Continuation sheet # 2 of 2.

Waste Stream's RCRA or State Waste Code(s)	D001
--	------

1991 manifest shipment date (enter month/day)	Manifest document number	Quantity shipped (use unit of measure from A-11)	EPA ID # of receiving facility	How managed (enter system code)	Managed at comm. facility? (Y/N)
---	--------------------------------	--	-----------------------------------	---------------------------------------	--

[illegible]

Answers

Facility name: Consolidated Metco, Inc.

EPA ID number: ORD 009056037

A. Description of hazardous waste stream

A-2. EPA hazardous waste code(s) 1. D002 2. _____ 3. _____ 4. _____

A-4. SIC code (associated with generation of this waste): 3365

A-6. Source code: A ²⁹ A A

A-7. Waste form code: B_114

A-8. **Origin:** 1. ☒ Ongoing generation 3. ☐ Residual from management of **non-hazardous** waste
2. ☐ One time/intermittent 4. ☐ Residual from management of **hazardous** waste

A-9. Reported toxic substances in waste?

1. ☒ No, facility did not fill out Form R
2. ☐ No, no toxic substances in waste
3. ☐ Yes, waste contains toxic substance
4. ☐ Don't know

A-9a. C.A.S. number(s): _____

A-10. Point of measurement or calculation:

1. ☐ Before mixing with hazardous or non-hazardous wastes
2. ☐ After mixing several different hazardous waste streams together
3. ☒ After mixing with **non**-hazardous wastes
4. ☐ After mixing multiple hazardous waste streams and non-hazardous wastes

A-11. Quantity generated: 220 Unit of measure (Check one): ☐ ST ☐ MT ☐ P ☐ K ☒ G ☐ L ☐ C

A-11a. If unit of measure is G, L, or C, enter the density and indicate the density unit of measure for the waste.

Density: 8 Unit of measure: ☒ Pounds/gallon ☐ Specific gravity ☐ Pounds/cubic yard

PLEASE TYPE ALL FORMS

B. Waste minimization measures

B-1. Waste minimization measures? ☒ No (Skip to Section C) ☐ Yes (Go to B-1a.)

B-1a. Waste minimization activity codes: W_____ W_____ W_____ W_____

B-1b. Increase toxicity or emissions? ☐ Yes ☐ No

B-1c. Enter production index: _____

B-1d. Estimate amount of reduction from source reduction: _____

B-1e. Estimate amount recycled: _____

C. Waste management activities

C-1. Was waste stream managed on-site or off-site in 1991?

1. ☐ Managed on-site only 2. ☒ Managed off-site only 3. ☐ Part managed on-site; part managed off-site

C-2. System 1. Quantity managed on-site: _____ On-site system code: M_____

System 2. Quantity managed on-site: _____ On-site system code: M_____

C-3. Please provide the following information for *each shipment* of the waste managed off-site.

1991 manifest shipment date (enter month/day)	Manifest document number	Quantity shipped (use unit of measure from A-11)	EPA ID # of receiving facility	How managed (enter system code)	Managed at comm. facility? (Y/N)
02/21/91	45261	60	ORD 092895481	M 021	Y
04/19/91	38095	60	ORD 092895481	M 021	Y
06/13/91	30387	60	ORD 092895481	M 021	Y
08/08/91	33640	60	ORD 092895481	M 021	Y

If more than four shipments, please use the attached continuation sheet, or see page 11 of the Guidebook for instructions on providing a computer-generated continuation sheet.

D. Please provide any comments, additional information, or explanation:

Oregon DEQ Hazardous Waste Site Report

[\[Close Report\]](#)



EPA ID:ORD009056037Active

Common Name:Consolidated Metco Inc

Employee count:225Activity Start:3/2/1992

Location:13940 N RIVERGATE BLVD
PORTLAND OR 97203
MULTNOMAH County


Latitude:45.6228 45° 37' 22.1000"Longitude:-122.7777 -122° 46' 39.7000"

SIC Codes:3365 - ALUMINUM FOUNDRIES

Facility is a Hazardous Waste Generator
Current Status: CEG as of 1/6/2006


Hazardous Waste Generation Reporting History

Report Year	Generator Status	Number of Waste Streams	Tons Generated	Sent Date	Received Date
2005	CEG	0		12/21/2005	01/09/2006
2004	SQG	1	0.189222875	12/29/2004	01/20/2005
<div><div>Waste Stream:Waste Flammable Liquids (xylene, toluene)</div><div>Source:Underground storage tank cleanup</div><div>Waste Codes:D001, D008CAS Codes:</div><div>Form:Paint thinner or petroleum distillates</div><div>Reported:50.00 GAL = 189.22 KGManaged Onsite:0 KG</div><div>Shipments:04/06/2004 03083J TND00077218650.00 GALEnergy recovery or fuel blending</div></div>					
2003	CEG	0		12/30/2003	01/30/2004
2002	CEG	0		12/24/2002	01/09/2003
2001	CEG	0		12/26/2001	01/03/2002
2000	CEG	0		01/05/2001	01/26/2001
1999	CEG	0		01/06/2000	01/13/2000
1998	CEG	0		01/15/1999	01/25/1999
1997	CEG	0		12/29/1997	01/09/1998
1996	CEG	0		12/30/1996	02/10/1997
1995	CEG	0		12/27/1995	02/07/1996

 1994 SQG 2 0.528 12/30/1994 02/13/1995

Waste Stream: Spent mold paint (releasing agent) from aluminum permanent mold casting ope
Source: Other surface coating/preparation
Waste Codes: D010
CAS Codes:
Form: Solid resins or polymerized organics
Reported: 800.00 LB = 364.00 KG
Managed Onsite: 0 KG
Shipments: 07/22/1994 02279 WAD991281767 800.00 LB Stabilization/chemical fixation using cementitious and /or pozzolanic


Waste Stream: Solvent 105 (spent nonhalogenated solvent) from a Safety Kleen parts washer
Source: Other cleaning and degreasing
Waste Codes: D001, D018, D039
CAS Codes:
Form: Nonhalogenated solvent
Reported: 361.80 LB = 164.00 KG
Managed Onsite: 0 KG
Shipments: 03/18/1994 48749 ORD981766124 201.00 LB Fractionation/distillation
01/21/1994 25385 ORD981766124 160.80 LB Fractionation/distillation

 1993 SQG 2 0.738 12/30/1993 02/22/1994

Waste Stream: Waste paint related material (ethyl benzene), toluene) flammable liquid UN1
Source: Painting
Waste Codes: D001, F002, F003, F005
CAS Codes:
Form: Organic paint, ink, lacquer, or varnish
Reported: 50.00 GAL = 190.00 KG
Managed Onsite: 0 KG
Shipments: 01/20/1993 01792 WAD981769110 50.00 GAL Fuel blending

Waste Stream: Solvent 105 (spent non-halogenated solvent) from a Safety Kleen parts washe
Source: Other cleaning and degreasing
Waste Codes: D001, D039
CAS Codes:
Form: Nonhalogenated solvent
Reported: 180.00 GAL = 548.00 KG
Managed Onsite: 0 KG
Shipments: 11/23/1993 78999 ORD981766124 30.00 GAL Fractionation/distillation

09/29/1993	28901	ORD981766124	26.00 GAL	Fractionation/distillation
08/04/1993	76349	ORD981766124	31.00 GAL	Fractionation/distillation
06/08/1993	20297	ORD981766124	30.00 GAL	Fractionation/distillation
04/12/1993	62939	ORD981766124	31.00 GAL	Fractionation/distillation
02/18/1993	03898	ORD981766124	32.00 GAL	Fractionation/distillation

	1992	SQG	3	3.783795	12/29/1992 02/23/1993
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Waste Stream:	Spent permanent mold releasing agent from coating molds Hazard due to high	Source:	Other surface coating/preparation
Waste Codes:	D002	CAS Codes:	
Form:	Other aqueous waste with low dissolved solids		
Reported:	2370.00 LB = 1074.80 KG	Managed Onsite:	1074.80 KG

Shipments:


Waste Stream:	Waste paint related material flammable liquid comprised of ethyl benzene an	Source:	Painting
Waste Codes:	D001, F002, F003, F005	CAS Codes:	
Form:	Halogenated/nonhalogenated solvent mixture		
Reported:	4471.00 LB = 2032.00 KG	Managed Onsite:	0 KG

Shipments:	10/21/1992	01695	WAD981769110	1422.00 LB	Fuel blending
	08/26/1992	01645	WAD981769110	435.00 LB	Fuel blending
	07/30/1992	01613	WAD981769110	435.00 LB	Fuel blending
	06/25/1992	01576	WAD981769110	2179.00 LB	Fuel blending

Waste Stream:	Solvent 105 spent nonhalogenated solvent from a Safety Kleen parts washer c	Source:	Other cleaning and degreasing
Waste Codes:	D001, D039	CAS Codes:	
Form:	Nonhalogenated solvent		
Reported:	1489.00 LB = 677.00 KG	Managed Onsite:	0 KG

Shipments:	12/21/1992	55154	ORD000712067	172.00 LB	Fractionation/distillation
	10/30/1992	33968	ORD000712067	199.00 LB	Fractionation/distillation

09/02/1992	03492	ORD000712067	172.00 LB	Fractionation/distillation
07/06/1992	7451L	ORD000712067	258.00 LB	Fractionation/distillation
05/13/1992	44878	ORD000712067	258.00 LB	Fractionation/distillation
03/17/1992	73253	ORD000712067	258.00 LB	Fractionation/distillation
01/21/1992	59918	ORD000712067	258.00 LB	Fractionation/distillation

	1991	SQG	2	1.75816	11/01/1991 03/02/1992
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Waste Stream: SOLVENT 105 (SPENT NON-HALOGENATED SOLVENT) FROM A SAFETY - KLEEN PARTS WAS
Source: Other cleaning and degreasing

Waste Codes: D001
CAS Codes:

Form: Nonhalogenated solvent

Reported: 330.00 GAL = 960.00 KG
Managed Onsite: 0 KG

Shipments:	11/27/1991	46074	ORD000712067	30.00 GAL	Fractionation/distillation
	10/09/1991	37378	ORD000712067	30.00 GAL	Fractionation/distillation
	08/08/1991	33640	ORD092895481	60.00 GAL	Fractionation/distillation
	06/13/1991	30387	ORD092895481	60.00 GAL	Fractionation/distillation
	04/19/1991	38095	ORD092895481	60.00 GAL	Fractionation/distillation
	02/21/1991	45261	ORD092895481	60.00 GAL	Fractionation/distillation

Waste Stream: SPENT PERMANENT MOLD RELEASING AGENT FROM COATING MOLDS. HAZARDOUS DUE TO H
Source: Other surface coating/preparation

Waste Codes: D002
CAS Codes:

Form: Other aqueous waste with low dissolved solids

Reported: 220.00 GAL = 798.16 KG
Managed Onsite: 798.16 KG

Shipments:

ORD009056037	2	SPENT PERMANENT MOLD RELEASING AGENT FROM COATING MOLDS.				
HAZARDOUS DUE TO H	D002	A29	B114	N		
220	GAL	8	PPG	ON	220	M121
ORD009056037	1	SOLVENT 105 (SPENT NON-HALOGENATED SOLVENT) FROM A SAFETY -				
KLEEN PARTS WAS	D001	A19	B203	N		
330	GAL	6.4	PPG	OFF		

ORD009056037	1	02/21/1991	45261	60.00	M021	ORD092895481
ORD009056037	1	04/19/1991	38095	60.00	M021	ORD092895481
ORD009056037	1	06/13/1991	30387	60.00	M021	ORD092895481
ORD009056037	1	08/08/1991	33640	60.00	M021	ORD092895481
ORD009056037	1	10/09/1991	37378	30.00	M021	ORD000712067
ORD009056037	1	11/27/1991	46074	30.00	M021	ORD000712067

ORD009056037	ORD000712067	N	Y	Y
ORD009056037	ORD092895481	N	Y	Y

ORD009056037	1	Spent permanent mold releasing agent from coating molds Hazard due to high	D002
A29	B114	N 2370 LB ON 2370 M121	
ORD009056037	2	Waste paint related material flammable liquid comprised of ethyl benzene an	D001
F002 F003 F005		A21 B204 N 4471 LB	
OFF			
ORD009056037	3	Solvent 105 spent nonhalogenated solvent from a Safety Kleen parts washer c	D001
D039		A19 B203 N 1489 LB	OFF

ORD009056037	2	06/25/1992	01576	2179.00	M061	WAD981769110
ORD009056037	2	07/30/1992	01613	435.00	M061	WAD981769110
ORD009056037	2	08/26/1992	01645	435.00	M061	WAD981769110
ORD009056037	2	10/21/1992	01695	1422.00	M061	WAD981769110
ORD009056037	3	01/21/1992	59918	258.00	M021	ORD000712067
ORD009056037	3	03/17/1992	73253	258.00	M021	ORD000712067
ORD009056037	3	05/13/1992	44878	258.00	M021	ORD000712067
ORD009056037	3	07/06/1992	7451L	258.00	M021	ORD000712067
ORD009056037	3	09/02/1992	03492	172.00	M021	ORD000712067
ORD009056037	3	10/30/1992	33968	199.00	M021	ORD000712067
ORD009056037	3	12/21/1992	55154	172.00	M021	ORD000712067

ORD009056037	ORD000712067	N	Y	Y
ORD009056037	WAD981769110	N	Y	Y

ORD009056037	1	Waste paint related material (ethyl benzene), toluene) flammable liquid UN1	D001
F002	F003	F005	
PPG	OFF		
ORD009056037	2	Solvent 105 (spent non-halogenated solvent) from a Safety Kleen parts washe	D001
D039			
OFF			

A21	B209	N	50	GAL	8.345
2. (additional) D039.					
A19	B203	N	180	GAL	6.7
PPG					

ORD009056037	1	01/20/1993	01792	50.00	M061	WAD981769110
ORD009056037	2	02/18/1993	03898	32.00	M021	ORD981766124
ORD009056037	2	04/12/1993	62939	31.00	M021	ORD981766124
ORD009056037	2	06/08/1993	20297	30.00	M021	ORD981766124
ORD009056037	2	08/04/1993	76349	31.00	M021	ORD981766124
ORD009056037	2	09/29/1993	28901	26.00	M021	ORD981766124
ORD009056037	2	11/23/1993	78999	30.00	M021	ORD981766124

ORD009056037	ORD981766124	N	Y	Y
ORD009056037	WAD981769110	N	Y	Y

ORD009056037	2	Solvent 105 (spent nonhalogenated solvent) from a Safety Kleen parts washer	D001
D018	D039	A19 B203 N 361.8 LB	
OFF		#6 Maintenance parts cleaning and degreasing	
ORD009056037	1	Spent mold paint (releasing agent) from aluminum permanent mold casting ope	D010
A29	B403	N 800 LB OFF	#6 The
surface coating is utilized in an aluminum foundry as a releasing agent from permanene molds (steel)			

ORD009056037	2	01/21/1994	25385	160.80	M021	ORD981766124
ORD009056037	2	03/18/1994	48749	201.00	M021	ORD981766124
ORD009056037	1	07/22/1994	02279	800.00	M111	WAD991281767

ORD009056037	1	Waste Flammable Liquids (xylene, toluene)	D001	D008					
G45	W211	N	50	GAL	8.345	PPG	OFF	0	0

ORD009056037 1 0 04/06/2004 03083J 50.00 ORQ000008003 H050 TND000772186

ORD009056037	0	ORQ000008003	RMCAT Environmental Services	UNITED
STATES	N	Y	N	
ORD009056037	0	TND000772186	Pollution Control Industries of Tennessee	5485 Tay-For Drive
Millington	TN	38053	UNITED STATES	N N Y

Remit and make checks payable to:
Department of Environmental Quality
Attn: Business Office
811 SW Sixth Avenue
Portland, OR 97204-1390



FOR DEQ USE ONLY

Date Received: _____
Amount Received: _____
Check No.: _____

INVOICE

Number: HW96GEN-0333

Issue Date: 10/10/95

TO:

Ernest Nimister
Consolidated Metco Inc
13940 N Rivergate Blvd
PO Box 83201
Portland OR 97283-0201

EPA ID: ORD009056037
Consolidated Metco Inc
13940 N RIVERGATE BLVD

PORTLAND OR 97203

1994 HAZARDOUS WASTE GENERATION ACTIVITIES

Item or Reference	Fee Factor	Amount (kg) managed	Fee (0.060) x amount managed
Small Quantity Generator status fee			\$200.00
Solvents Recovery fee	0.50	164	\$4.92
Stabilization fee	1.00	364	\$21.84

Total Generation Fee: \$26.76

INVOICE TOTAL: \$226.76

PAYMENT DUE BY: 11/24/95

A \$22.67 late charge will be assessed on fees received after the due date.

NOTE: Please return pink copy of this invoice with your remittance to ensure proper credit

Sandy
OK to Pay
Chg Rivergate
10/16/95 Emie

Remit and make checks payable to:

Department of Environmental Quality

Attn: Business Office

811 SW Sixth Avenue

Portland, OR 97204-1390



FOR DEQ USE ONLY

Date Received: _____

Amount Received: _____

Check No.: _____

INVOICE

Number: HW95GEN-0301

Issue Date: 12/16/94

TO:

Ernest Nimister
Consolidated Metco Inc
13940 N Rivergate Blvd
PO Box 83201
Portland OR 97283-0201

EPA ID: ORD009056037
Consolidated Metco Inc.
13940 N RIVERGATE BLVD
PORTLAND OR 97203

1993 HAZARDOUS WASTE GENERATION ACTIVITIES

Item or Reference	Fee Factor	Amount (kg) managed	Fee (0.060) x amount managed
Small Quantity Generator status fee			\$200.00
Solvents Recovery fee	0.50	546	\$16.38
Fuel Blending fee	0.75	190	\$8.55

Total Generation Fee: \$24.93

INVOICE TOTAL:

\$224.93

PAYMENT DUE BY:

01/31/95

Sandy

OK TO Pay 1/3/95

EW

A \$22.49 late charge will be assessed on fees received after the due date.

NOTE: Please return pink copy of this invoice with your remittance to ensure proper credit

Remit and make checks payable to:

Department of Environmental Quality

Attn: Business Office

811 SW Sixth Avenue

Portland, OR 97204-1390



FOR DEQ USE ONLY

Date Received: _____

Amount Received: _____

Check No.: _____

INVOICE

Number: HW94GEN-0254

Issue Date: 02/11/94

TO:

Ernest Nimister

EPA ID: ORD009056037

Consolidated Metco Inc
13940 N Rivergate Blvd
PO Box 83201
Portland OR 97283-0201

Consolidated Metco Inc.
13940 N. RIVERGATE BLVD
PORTLAND OR 97203

1992 HAZARDOUS WASTE GENERATION ACTIVITIES

Item or Reference	Fee Factor	Amount (kg) managed	Fee (0.060) x amount managed
Small Quantity Generator status fee			\$200.00
Solvents Recovery fee	0.50	714	\$21.42
Fuel Blending fee	0.75	2,032	\$91.44
RCRA-Exempt Management Methods fee	0.00	1,077	\$0.00

Total Generation Fee: \$112.86

Sandy
OK TO Pay
2/17/94 ER

INVOICE TOTAL: \$312.86

PAYMENT DUE BY: 03/31/94

A \$31.28 late charge will be assessed on fees received after the due date.

NOTE: Please return pink copy of this invoice with your remittance to ensure proper credit

Remit and Make Checks Payable to:

Department of Environmental Quality

Attn: Business Office

811 S.W. Sixth Avenue

Portland, OR 97204



INVOICE

FOR DEQ USE ONLY

Date Received: _____

Amount Received: _____

Check No.: _____

TO:

CONSOLIDATED METCO INC.
PO BOX 83201
PORTLAND, OR 97283-0201
ATTN: ERNEST NIMISTER

Number: HW93GEN-0150

Date: 12/15/92

PERMIT NUMBER	ITEM OR REFERENCE	AMOUNT DUE	DATE DUE
	EPA ID: ORD009056037 Location: 13940 N. RIVERGATE BLVD. PORTLAND Annual Registration Verification Fee A 10% late charge will be assessed on fees received after the due date shown.	\$200	01/22/93

Sandy

OK TO Pay

E.M. Nimister

NOTE: Please return pink copy of this invoice with your remittance to ensure proper credit.

DEQ 55 - 11/86

6. TYPE OF HAZARDOUS WASTE ACTIVITY

MARK ALL APPROPRIATE BOX(ES)

- YES ☐ NO ☒ **A. HAZARDOUS WASTE TRANSPORTERS** (FOR TRANSPORTERS ONLY)
1. TYPE OF TRANSPORTER (MARK APPROPRIATE BOX(ES))
- ☐ a. FOR OWN WASTE ONLY
- ☐ b. FOR COMMERCIAL PURPOSES
2. MODE OF TRANSPORTATION
- ☐ a. AIR ☐ b. RAIL ☐ c. HIGHWAY ☐ d. WATER ☐ e. OTHER
- YES ☒ NO ☐ **B. HAZARDOUS WASTE GENERATOR**
- YES ☐ NO ☒ **C. HAZARDOUS WASTE TREATMENT** (NOTE: PERMIT MAY BE REQUIRED.)
- YES ☐ NO ☒ **D. HAZARDOUS WASTE STORAGE** (NOTE: PERMIT MAY BE REQUIRED.)
- YES ☐ NO ☒ **E. HAZARDOUS WASTE DISPOSAL** (NOTE: PERMIT MAY BE REQUIRED.)
- YES ☐ NO ☒ **F. HAZARDOUS WASTE RECYCLER**
- ☐ 1. On-site ☒ 2. Off-site
- YES ☐ NO ☒ **G. MARKET OR BURN HAZARDOUS WASTE FUELS**
(MARK APPROPRIATE BOXES)
- ☐ 1. GENERATOR MARKETING TO BURNER

- ☐ 2. OTHER MARKETER
- ☐ 3. BURNER (INDICATE TYPE OF COMBUSTION DEVICE)
- TYPE OF COMBUSTION DEVICE**
(MARK ALL APPROPRIATE BOXES TO INDICATE TYPE OF COMBUSTION DEVICE(S) IN WHICH HAZARDOUS WASTE FUEL IS BURNED)
- ☐ a. UTILITY BOILER
- ☐ b. INDUSTRIAL BOILER
- ☐ c. INDUSTRIAL FURNACE
- ☐ d. OTHER (PLEASE SPECIFY): _____
- YES ☒ NO ☐ **H. USED OIL FUEL ACTIVITIES** (MARK APPROPRIATE BOXES)
- ☐ 1. GENERATOR MARKETING TO BURNER
- ☒ 2. OTHER MARKETER OF OFF-SPECIFICATION USED OIL
- ☐ 3. SPECIFICATION USED OIL FUEL MARKETER WHO FIRST CLAIMS USED OIL MEETS SPECIFICATIONS
- ☐ 4. BURNER OF OFF-SPECIFICATION USED OIL
(INDICATE TYPE OF COMBUSTION DEVICE)
- TYPE OF COMBUSTION DEVICE**
(MARK ALL APPROPRIATE BOXES TO INDICATE TYPE OF COMBUSTION DEVICE(S) IN WHICH OFF-SPECIFICATIONS USED OIL IS BURNED)
- ☐ a. UTILITY BOILER
- ☐ b. INDUSTRIAL BOILER
- ☐ c. INDUSTRIAL FURNACE
- ☐ d. OTHER (PLEASE SPECIFY): _____

7. DESCRIPTION OF HAZARDOUS WASTE - WASTE CODE

A. LISTED HAZARDOUS WASTE (SEE 40 CFR 261.30-33) USE ADDITIONAL SHEETS IF NECESSARY

K			K			K			K			F			F			F			F		
P			P			P			P			U			U			U			U		

B. CHARACTERISTIC HAZARDOUS WASTE (SEE 40CFR 261.20-24)

- ☒ **IGNITABLE** (D001) ☐ **EPTOXIC** (MARK SPECIFIC CONTAMINANTS BELOW:)
- ☒ **CORROSIVE** (D002)
- ☐ **REACTIVE** (D003)
- ☐ D004 ☐ D008 ☐ D012 ☐ D016
- ☐ D005 ☐ D009 ☐ D013 ☐ D017
- ☐ D006 ☐ D010 ☐ D014
- ☐ D007 ☐ D011 ☐ D015

C. OTHER WASTES (STATE OR NON-REGULATED WASTES REQUIRING AN ID NUMBER - SEE INSTRUCTIONS)

- ☐ X 001 ☐ X 002 ☐ X ☐ ☐ ☐ ☐ X ☐ ☐ ☐ ☐ ☐ OTHER (PLEASE SPECIFY) _____
USE ADDITIONAL SHEETS IF NECESSARY

8. HAZARDOUS WASTE GENERATOR STATUS

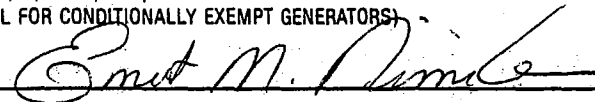
(COMPLETE IF APPLICABLE)

(MARK ONE ONLY) DETERMINE MAXIMUM AMOUNT OF HAZARDOUS WASTE GENERATED IN ANY ONE CALENDAR MONTH

- ☐ **FRG** (Fully Regulated Generator)
- generate 2,200 or more pounds of hazardous waste
 - generate 2,200 or more pounds of spill cleanup debris
 - generate more than 2.2 pounds of acutely hazardous waste
 - generate more than 220 pounds of spill cleanup debris containing an acutely hazardous waste
 - accumulate, at any time, more than 2.2 pounds of acutely hazardous waste on-site
- ☒ **SQG** (Small Quantity Generator)
- generate more than 220 pounds and less than 2,200 pounds of hazardous waste
 - generate more than 220 pounds and less than 2,200 pounds of spill cleanup debris containing hazardous waste
 - accumulate, at any time, more than a total of 2,200 pounds of hazardous waste on-site
- ☐ **CEG** (Conditionally Exempt Generator)
- generate 220 pounds or less of hazardous waste
 - generate 220 pounds or less of spill cleanup debris containing hazardous waste
 - generate 2.2 pounds or less of acutely hazardous waste
 - accumulate, at any time, up to 2,200 pounds of hazardous waste on-site
- (NOTE: RESPONSE IS OPTIONAL FOR CONDITIONALLY EXEMPT GENERATORS)

9. CERTIFICATION

SIGNATURE

ERNEST M. NIMISTER
NAME (please print or type)

OFFICIAL TITLE

MATERIALS MANAGER

DATE SIGNED

9/16/91

I certify that the information provided herein and appended hereto is true and accurate to the best of my knowledge, information and belief. Title 18 U > S > C > 1001 makes it a criminal offense for any person knowingly and willingly to make to any Agency or Department of the United States any false or fraudulent statements as to any matter within its jurisdiction.

6. TYPE OF HAZARDOUS WASTE ACTIVITY

MARK ALL APPROPRIATE BOX(ES)

- ☐ YES ☒ NO **A. HAZARDOUS WASTE TRANSPORTERS** (FOR TRANSPORTERS ONLY)
1. TYPE OF TRANSPORTER (MARK APPROPRIATE BOX(ES))
- ☐ a. FOR OWN WASTE ONLY
- ☐ b. FOR COMMERCIAL PURPOSES
2. MODE OF TRANSPORTATION
- ☐ a. AIR ☐ b. RAIL ☐ c. HIGHWAY ☐ d. WATER ☐ e. OTHER
- ☒ YES ☐ NO **B. HAZARDOUS WASTE GENERATOR**
- ☐ YES ☒ NO **C. HAZARDOUS WASTE TREATMENT** (NOTE: PERMIT MAY BE REQUIRED.)
- ☒ YES ☐ NO **D. HAZARDOUS WASTE STORAGE** (NOTE: PERMIT MAY BE REQUIRED.)
- ☒ YES ☐ NO **E. HAZARDOUS WASTE DISPOSAL** (NOTE: PERMIT MAY BE REQUIRED.)
- ☒ YES ☐ NO **F. HAZARDOUS WASTE RECYCLER**
- ☐ 1. On-site ☒ 2. Off-site
- ☐ YES ☒ NO **G. MARKET OR BURN HAZARDOUS WASTE FUELS** (MARK APPROPRIATE BOXES)
- ☐ 1. GENERATOR MARKETING TO BURNER

- ☐ 2. OTHER MARKETER
- ☐ 3. BURNER (INDICATE TYPE OF COMBUSTION DEVICE)
- TYPE OF COMBUSTION DEVICE**
- (MARK ALL APPROPRIATE BOXES TO INDICATE TYPE OF COMBUSTION DEVICE(S) IN WHICH HAZARDOUS WASTE FUEL IS BURNED)
- ☐ a. UTILITY BOILER
- ☐ b. INDUSTRIAL BOILER
- ☐ c. INDUSTRIAL FURNACE
- ☐ d. OTHER (PLEASE SPECIFY): _____
- ☒ YES ☐ NO **H. USED OIL FUEL ACTIVITIES** (MARK APPROPRIATE BOXES)
- ☐ 1. GENERATOR MARKETING TO BURNER
- ☒ 2. OTHER MARKETER OF OFF-SPECIFICATION USED OIL
- ☐ 3. SPECIFICATION USED OIL FUEL MARKETER WHO FIRST CLAIMS USED OIL MEETS SPECIFICATIONS
- ☐ 4. BURNER OF OFF-SPECIFICATION USED OIL (INDICATE TYPE OF COMBUSTION DEVICE)
- TYPE OF COMBUSTION DEVICE**
- (MARK ALL APPROPRIATE BOXES TO INDICATE TYPE OF COMBUSTION DEVICE(S) IN WHICH OFF-SPECIFICATIONS USED OIL IS BURNED)
- ☐ a. UTILITY BOILER
- ☐ b. INDUSTRIAL BOILER
- ☐ c. INDUSTRIAL FURNACE
- ☐ d. OTHER (PLEASE SPECIFY): _____

7. DESCRIPTION OF HAZARDOUS WASTE - WASTE CODE

A. LISTED HAZARDOUS WASTE (SEE 40 CFR 261.30-33) USE ADDITIONAL SHEETS IF NECESSARY

K			K			K			K			F			F			F			F		
P			P			P			P			U			U			U			U		

B. CHARACTERISTIC HAZARDOUS WASTE (SEE 40CFR 261.20-24)

- ☒ IGNITABLE (D001) ☐ EPTOXIC (MARK SPECIFIC CONTAMINANTS BELOW:)
- ☒ CORROSIVE (D002) ☐ D004 ☐ D008 ☐ D012 ☐ D016
- ☐ REACTIVE (D003) ☐ D005 ☐ D009 ☐ D013 ☐ D017
- ☐ D006 ☐ D010 ☐ D014
- ☐ D007 ☐ D011 ☐ D015

C. OTHER WASTES (STATE OR NON-REGULATED WASTES REQUIRING AN ID NUMBER - SEE INSTRUCTIONS)

- ☐ X 001 ☐ X 002 ☐ X ☐ ☐ ☐ ☐ X ☐ ☐ ☐ ☐ X ☐ ☐ ☐ ☐ OTHER (PLEASE SPECIFY) _____ USE ADDITIONAL SHEETS IF NECESSARY

8. HAZARDOUS WASTE GENERATOR STATUS

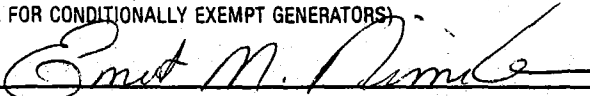
(COMPLETE IF APPLICABLE)

(MARK ONE ONLY) DETERMINE MAXIMUM AMOUNT OF HAZARDOUS WASTE GENERATED IN ANY ONE CALENDAR MONTH

- ☐ FRG (Fully Regulated Generator)
- generate 2,200 or more pounds of hazardous waste
 - generate 2,200 or more pounds of spill cleanup debris
 - generate more than 2.2 pounds of acutely hazardous waste
 - generate more than 220 pounds of spill cleanup debris containing an acutely hazardous waste
 - accumulate, at any time, more than 2.2 pounds of acutely hazardous waste on-site
- ☒ SQG (Small Quantity Generator)
- generate more than 220 pounds and less than 2,200 pounds of hazardous waste
 - generate more than 220 pounds and less than 2,200 pounds of spill cleanup debris containing hazardous waste
 - accumulate, at any time, more than a total of 2,200 pounds of hazardous waste on-site
- ☐ CEG (Conditionally Exempt Generator)
- generate 220 pounds or less of hazardous waste
 - generate 220 pounds or less of spill cleanup debris containing hazardous waste
 - generate 2.2 pounds or less of acutely hazardous waste
 - accumulate, at any time, up to 2,200 pounds of hazardous waste on-site
- (NOTE: RESPONSE IS OPTIONAL FOR CONDITIONALLY EXEMPT GENERATORS)

9. CERTIFICATION

SIGNATURE



ERNEST M. NIMISTER

NAME (please print or type)

MATERIALS MANAGER

OFFICIAL TITLE

9/16/91

DATE SIGNED

I certify that the information provided herein and appended hereto is true and accurate to the best of my knowledge, information and belief. Title 18 U.S.C. 1001 makes it a criminal offense for any person knowingly and willingly to make to any Agency or Department of the United States any false or fraudulent statements as to any matter within its jurisdiction.

Bew / File

Remit and Make Checks Payable to:

Department of Environmental Quality

Attn: Business Office

811 S.W. Sixth Avenue

Portland, OR 97204



FOR DEQ USE ONLY

Date Received: _____

Amount Received: _____

Check No.: _____

TO:

Consolidated Metco Inc
P O Box 83201
Portland, OR 97283-0201
ATTN: Ernie Nimister

INVOICE

Number: HW92GEN-0644

Date: 11/20/91

MIT NUMBER	ITEM OR REFERENCE	AMOUNT DUE	DATE DUE
	EPA ID: ORD009056037 Location: 13940 N. RIVERGATE BLVD. PORTLAND Generator Fee for 1.3383 metric tons A 10% late charge will be assessed on fees received after the due date shown. <i>HAZARDOUS WASTE FEES for THOSE GENERATED IN 1990.</i>	\$540	

NOTE: Please return pink copy of this invoice with your remittance to ensure proper credit.

DEQ 55-11/86

CONSOLIDATED METCO, INC.

BILL & SHIP TO:

<input checked="" type="checkbox"/> PORTLAND PLANT 13940 N. RIVERGATE BLVD. P.O. BOX 83201 PORTLAND, OR 97283-0201 (503) 286-5741 FAX (503) 240-5443	<input type="checkbox"/> MONROE PLANT P.O. BOX 907 780 PATTON AVE. MONROE, NC 28110 (704) 289-6491 FAX (704) 289-5012	<input type="checkbox"/> CLACKAMAS PLANT 10448 HWY. 212 CLACKAMAS, OR 97015 (503) 657-4183 FAX (503) 657-4331	<input type="checkbox"/> CASHIERS PLANT HIGHWAY 64 CASHIERS, NC 28717 (704) 743-3461 FAX (704) 743-5738
--	---	--	--

PURCHASE ORDER

Our order number must appear on
all correspondence, invoices,
shipping papers, and packages.

262330 / 262330
TO: DEPT. OF ENVIRO. QUALITY
Attn: Business Office
811 SW Sixth Avenue
Portland

PAGE 1

OR 97204

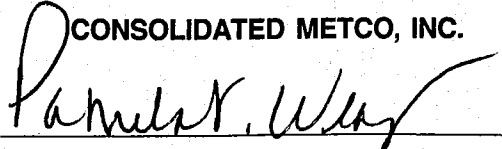
GENTLEMEN:

PLEASE FURNISH THE FOLLOWING AS INSTRUCTED BELOW AND ACCORDING TO TERMS AND CONDITIONS
SPECIFIED ON THE BACK OF THIS ORDER AND TO SPECIFICATIONS. DRAWINGS AND ADDITIONAL TERMS
AND CONDITIONS REFERENCED HEREIN AND/OR ATTACHED HERETO.

ORDER NUMBER
58867
DATE
7/27/90
DELIVERY REQUIRED
SEE BELOW
TERMS
NET 30
SHIP VIA
YOUR TRUCK
F.O.B.
JOBSITE
CONFIRMING DATE:
TO: NO

ITEM	PART NUMBER	DESCRIPTION	ACCOUNT NUMBER	QUANTITY	UM	UNIT PRICE	TOTAL PRICE
01		GENERATOR FEE (7-11-90) DEQ (1.9674 METRIC TONS). REQ.#35407 RT TO: ERNIE	10089748		LT	685.0000	.00
TOTAL							

DATE	PERSON CONTACTED	METHOD	FOLLOW-UP REMARKS & INFORMATION

CONSOLIDATED METCO, INC.

PAMELA F. WEARY, BUYER

Remit and Make Checks Payable to:

Department of Environmental Quality

Attn: Business Office

811 S.W. Sixth Avenue

Portland, OR 97204



INVOICE

FOR DEQ USE ONLY

Date Received: _____

Amount Received: _____

Check No.: _____

TO:

Consolidated Metco, Inc.
PO Box 03201
Portland, OR 97203
ATTN: Don Hill

Number: HW91GEN-0657

Date: 07/11/90

PERMIT NUMBER	ITEM OR REFERENCE	AMOUNT DUE	DATE DUE
	EPA ID: ORD009056037 Location: 13940 N. RIVERGATE BLVD. PORTLAND Generator Fee for 1.9674 metric tons A \$200 late charge will be assessed on fees received after the due date	\$685	08/10/90

NOTE: Please return pink copy of this invoice with your remittance to ensure proper credit.

DEQ 55 - 11/86

Invoice Number: HW92GEN-0644
EPA ID: ORD009056037

Facility Name: CONSOLIDATED METCO INC.
Location: 13940 N. RIVERGATE BLVD.
PORTLAND

Manifest Number	TSD EPA ID	TSD Name	Shipping Date	Receiving Date	
#	Data From	Metric Tons Pounds Gallons	Waste Code	Waste Description	
76505	ORD092895481 1 TSD	SAFETY KLEEN CORPORATION .0782 172	21 D001	NON-LISTED IGNITABLE	26-JAN-90
76505	ORD092895481 1 Generator	SAFETY KLEEN CORPORATION .0782 172	21 D001	NON-LISTED IGNITABLE	26-JAN-90 26-JAN-90
51890	ORD092895481 1 TSD	SAFETY KLEEN CORPORATION .0782 172	21 D001	NON-LISTED IGNITABLE	30-JAN-90
91132	ORD092895481 1 Generator	SAFETY KLEEN CORPORATION .0782 172	21 D001	NON-LISTED IGNITABLE	19-MAR-90 19-MAR-90
00876	WAD981769110 1 Generator	SOL-PRO, INC. .1441 317	38 D001	NON-LISTED IGNITABLE	20-APR-90 25-APR-90
00875	ORD009020231 1 Generator	TEKTRONIX - BEAVERTON CAMPUS .5686 1251	150 D002	NON-LISTED CORROSIVE	07-MAY-90 07-MAY-90
20229	ORD092895481 1 Generator	SAFETY KLEEN CORPORATION .0391 86	10 D001	NON-LISTED IGNITABLE	17-MAY-90 17-MAY-90
30951	ORD092895481 1 TSD	SAFETY KLEEN CORPORATION .0782 172	21 D001	NON-LISTED IGNITABLE	11-JUL-90
39159	ORD092895481 1 Generator	SAFETY KLEEN CORPORATION .0782 172	21 D001	NON-LISTED IGNITABLE	04-SEP-90 04-SEP-90
57979	ORD092895481 1 Generator	SAFETY KLEEN CORPORATION .0782 172	21 D001	NON-LISTED IGNITABLE	01-NOV-90
75538	ORD092895481 1 Generator	SAFETY KLEEN CORPORATION .0391 86	10 D001	NON-LISTED IGNITABLE	21-DEC-90

Hazardous Waste Generated in 90 By CONSOLIDATED METCO INC. (ORD009056037)

Total Metric Tons	Total Pounds	Total Gallons
1.3383	2944	353

Remit and Make Checks Payable to:

Department of Environmental Quality

Attn: Business Office

811 S.W. Sixth Avenue

Portland, OR 97204



FOR DEQ USE ONLY

Date Received: _____

Amount Received: _____

Check No.: _____

TO:

Consolidated Metco, Inc.
P.O. Box 03201
Portland, OR 97203
ATTN: Don Hill

INVOICE

Number: HW90GEN-0125

Date: 10/30/89

PERMIT NUMBER	ITEM OR REFERENCE	AMOUNT DUE	DATE DUE
	EPA ID: ORD009056037 LOCATION: 13940 N. RIVERGATE BLVD. PORTLAND GENERATOR FEE FOR .4726 METRIC TONS A \$200 late charge will be assessed on fees received after the due date	\$230	11/30/89

NOTE: Please return pink copy of this invoice with your remittance to ensure proper credit.

DEQ 55 - 11/86

check # 059536
dated 11/8/89

Department of Environmental Quality
Attn: Business Office
811 S.W. Sixth Avenue
Portland, OR 97204

Ernie D



Date Received: _____
Amount Received: _____
Check No.: _____

TO: **CONSOLIDATED METCO, INC.**
P.O. BOX 03201
PORTLAND, OR 97203
ATTN: DON HILL

INVOICE

Number: **HW896EN-0113**
Date: **06/30/88**

PERMIT NUMBER	ITEM OR REFERENCE	RECEIVED	AMOUNT DUE	DATE DUE
	EPA ID: ORD009056037 LOCATION: 15940 N. RIVERGATE BLVD. PORTLAND GENERATOR FEE FOR 0.0978 METRIC TONS A \$200 LATE CHARGE PLUS 10% INTEREST COMPOUNDED DAILY WILL BE ASSESSED ON FEES RECEIVED AFTER THE DUE DATE	JUN 30 1988 <small>CONSOLIDATED METCO</small>	\$230	08/15/88
	<i>1987 Hazardous Waste</i>			

NOTE: Please return pink copy of this invoice with your remittance to ensure proper credit.

DEQ 55 - 11/86

DUE	<i>6/30</i>	VENDOR	
DISC		NUMBER	<i>26233</i>
ACCOUNT	<i>11-6340-89</i>	AMOUNT	<i>230.00</i>
DATE CODE/DATE		APPROVE/DATE	
<i>DEC 6/30</i>		<i>CH</i>	

The addition of a late fee and fees are not received by the due date is 10% interest on the total for every 30 days overdue will be sent to the attention and increased by 20% plus an A late fee of \$200 will be charged if bill is overdue.

Environmental Quality

Please call Lisa Frost at 229-5123 or Kathi Futornick at 229-5826 or toll-free at 1-800-452-4011 if you have any questions. Thank you for your cooperation.

Sincerely,

Jan Whitworth

Jan Whitworth, Manager
Hazardous Waste Section
Hazardous and Solid Waste Division

JW:LF:b
ZB7601A
Enclosure(s)



CONSOLIDATED METCO, INC.

PURCHASE ORDER

PURCHASE ORDER NO. 1499

☒ PORTLAND PLANT
P.O. BOX 03201
PORTLAND, OREGON 97203☐ MONROE PLANT
P.O. BOX 907
MONROE, N.C. 28110☐ SIDNEY PLANT
P.O. BOX 341
SIDNEY, OHIO 45365☐ CLACKAMAS PLANT
10448 HWY. 212
CLACKAMAS, OR 97015

DATE September 17, 1987

TO: Department of Environmental Quality
811 S. W. Sixth Avenue
Portland, Oregon 97204
Attention: Business Office

F.O.B.:

JOBSITE

TERMS:

NET 30 DAYS

☒ PORTLAND PLANT
13940 N. RIVERGATE BLVD.
PORTLAND, OREGON 97203☐ SIDNEY PLANT
1521 W. MICHIGAN ST.
SIDNEY, OHIO 45365☐ CLACKAMAS PLANT
10448 HWY. 212
CLACKAMAS, OR 97015☐ MONROE PLANT
780 PATTON AVENUE
MONROE, N.C. 28110

SHIP TO

PLEASE ENTER OUR ORDER FOR THE FOLLOWING AND KINDLY COMPLY WITH INSTRUCTIONS BELOW:

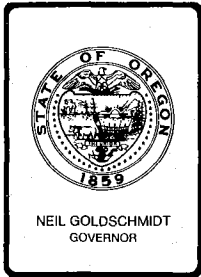
LINE NO.	DATE WANTED	QUANTITY	U/M	PART NUMBER / DESCRIPTION	UNIT PRICE	ACCT. NO.	REQ. NO.	ROUTE TO
1	AS NOTED	6.4635		Annual Fees For Hazardous Waste Generated by Consolidated Metco, Inc., Rivergate Division For the Previous Calendar Year (July 1, 1985 Through June 30, 1986) For 6.4635 Metric Tons REFERENCE: Invoice HW88GEN-0191 CHI EPA ID: ORD 009056037 NOTE: Reference Table I of the attached chart for charges.	\$550.00 TOTAL	11- 8332- 32	23563	D. Hill
				CONFIRMING ORDER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>09/16/87</u> DATE <u>Jim Vilandre</u> TO				

DATE	PERSON CONTACTED	METHOD	FOLLOW-UP REMARKS & INFORMATION

PURCHASING AGENT
Pamela F. Schoults

01499

FOLLOW-UP COPY



Department of Environmental Quality

RECEIVED

SEP 15 1987

811 S.W. SIXTH AVENUE, PORTLAND, OREGON 97204 PHONE: (503) 229-5696

September 11, 1987

• Don Hill
Consolidated Metco, Inc.
13940 North Rivergate Boulevard
P.O.Box 03201
Portland, OR

97203

Re: Hazardous Waste Fees
ORD 009056037

On July 17, 1987, the Department adopted a new hazardous waste generator fee schedule. Under OAR 340-102-065, the Department has authority to assess hazardous waste fees. For your information we have enclosed a copy of the new fee schedule that applies to your waste management activities.

The Department determines the fee amount based on the weight of hazardous waste generated during the previous calendar year and reported monthly or quarterly by you as required under OAR 340-102-041.

Your hazardous waste fee for calendar year 1986 is payable to the Department in the amount of \$550. The fee is due and payable in full by the due date specified on the attached invoice.

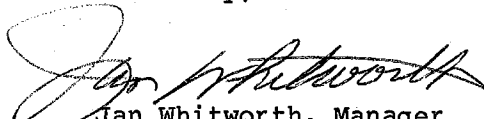
Please send your payment to:

Department of Environmental Quality
811 S.W. Sixth Avenue
Portland, OR 97204

Attention: Business Office

If you have any questions, call Jim Vilendre at 229-5549 or Gary Calaba at 229-6534.

Sincerely,


Jan Whitworth, Manager
Hazardous Waste Section

JW:b
ZB6965.2
Enclosure
cc: Judy Hatton, DEQ



Department of Environmental Quality

811 SW SIXTH AVENUE, PORTLAND, OREGON 97204-1334 PHONE (503) 229-5696

Hazardous waste generator fees.

340-102-065 (1) Beginning July 1, 1984, each person generating hazardous waste shall be subject to an annual fee based on the weight of hazardous waste generated during the previous calendar year. The fee period shall be the state's fiscal year (July 1 through June 30) and shall be paid annually by July 1.

(2) For the purpose of determining appropriate fees, each hazardous waste generator shall be assigned to a category in Table 1 of this Division based upon the amount of hazardous waste generated in the calendar year identified in section (1) of this rule except as otherwise provided in section (5) of this rule.

Table 1

Hazardous Waste Generation Rate (Metric Tons/Year)	Total Fee
<1.....	\$100
1 but <3.....	300
3 but <14.....	550
14 but <28.....	875
28 but <142.....	1975
142 but <284.....	4,475
>284.....	6,350

(3) For the purpose of determining appropriate fees, hazardous waste shall be included in the quantity determinations required by section (1) of this rule as follows:

(a) Except as provided in subsection (b) of this section, all quantities of "listed" and "characteristic" hazardous waste shall be counted that are:

- (A) Accumulated on-site for any period of time prior to subsequent management;
- (B) Packaged and transported off-site;
- (C) Placed directly in a regulated on-site treatment or disposal unit;

or

(D) Generated as still bottoms or sludges and removed from product storage tanks.

(b) Hazardous wastes shall not be counted that are:



CONSOLIDATED METCO, INC.

PURCHASE ORDER

PURCHASE
ORDER NO.

1- 50205

☒ PORTLAND PLANT
P.O. BOX 03201
PORTLAND, OREGON 97203☐ SPOKANE PLANT
TERMINAL ANNEX, BOX 2826
SPOKANE, WASHINGTON 99220☐ MONROE PLANT
P.O. BOX 907
MONROE, N.C. 28110☐ SIDNEY PLANT
P.O. BOX 341
SIDNEY, OHIO 45365☐ CLACKAMAS PLANT
10448 HWY. 212
CLACKAMAS, OR. 97105

DATE 6/5/86

TO: Department of Environmental Quality
P.O. Box 1760
Portland, OR 97207

Attn: Fiscal Office

F.O.B.: Jobsite

TERMS: Net 30 Days

VIA:

SHIP
TO☒ PORTLAND PLANT
13940 N. RIVERGATE BLVD.
PORTLAND, OREGON 97203☐ SIDNEY PLANT
1521 W. MICHIGAN ST.
SIDNEY, OHIO 45365☐ SPOKANE PLANT
BLDG. 4, SPOKANE IND. PARK
SPOKANE, WASHINGTON 99216☐ MONROE PLANT
780 PATTON AVENUE
MONROE, N.C. 28110☐ CLACKAMAS PLANT
10448 HWY. 212
CLACKAMAS, OR. 97105

PLEASE ENTER OUR ORDER FOR THE FOLLOWING AND KINDLY COMPLY WITH INSTRUCTIONS BELOW:

LINE NO.	DATE WANTED	QUANTITY	U/M	PART-NUMBER / DESCRIPTION	UNIT PRICE	ACCT. NO.	REQ. NO.	ROUTE TO
1	7/1/86	Annual Fees		Annual Fees for Hazardous Waste generated by Con Met, Inc., Rivergate for the period of July 1, 1985 through June 30, 1986 per Invoice #HM87-69 at the rate of generated cubic feet per year under Table 1 per Ruling Number OAR 340-102-060. NOTE: REF. TABLE 1 CHART 1,000-4,999 CUBIC FEET/YEAR = \$1,500.00.	1500.00 total	11-6332-32	25313	D. Hill
				CONFIRMING ORDER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE 6/5/86	Richard Reiter		

DATE	PERSON CONTACTED	METHOD	FOLLOW-UP REMARKS & INFORMATION

PURCHASING AGENT
Pamela F. Schoultz



CONSOLIDATED METCO, INC. PURCHASE ORDER

PURCHASE ORDER NO. 1- 46485

- ☒ PORTLAND PLANT
P.O. BOX 03201
PORTLAND, OREGON 97203
- ☐ SPOKANE PLANT
TERMINAL ANNEX, BOX 2828
SPOKANE, WASHINGTON 99220
- ☐ MONROE PLANT
P.O. BOX 907
MONROE, N.C. 28110
- ☐ SIDNEY PLANT
P.O. BOX 341
SIDNEY, OHIO 45365
- ☐ CLACKAMAS PLANT
10448 HWY. 212
CLACKAMAS, OR. 97105

DATE 1/4/85

TO: Department of Environmental Quality
P.O. Box 1760
Portland, OR 97207

F.O.B.: Ø

TERMS: Net 1/31/85

VIA: Ø

Complete

SHIP TO

- ☒ PORTLAND PLANT
13940 N. RIVERGATE BLVD.
PORTLAND, OREGON 97203
- ☐ SPOKANE PLANT
BLDG. 4, SPOKANE IND. PARK
SPOKANE, WASHINGTON 99216
- ☐ CLACKAMAS PLANT
10448 HWY. 212
CLACKAMAS, OR. 97105
- ☐ SIDNEY PLANT
1521 W. MICHIGAN ST.
SIDNEY, OHIO 45365
- ☐ MONROE PLANT
780 PATTON AVENUE
MONROE, N.C. 28110

PLEASE ENTER OUR ORDER FOR THE FOLLOWING AND KINDLY COMPLY WITH INSTRUCTIONS BELOW:

LINE NO.	DATE WANTED	QUANTITY	U/M	PART NUMBER / DESCRIPTION	UNIT PRICE	ACCT. NO.	REQ. NO.	ROUTE TO
1		Fees		Annual Fees for Hazardous Waste generated for the period of 7/1/84 to 6/30/85 per Invoice #HW-022 at the rate of generated cubic feet. 1,000-4,999 = \$1,500.	1,500.	11-6332-32	23300	D. Hill

CONFIRMING ORDER	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE 1/16/85	TO Gary Calaba
------------------	---	--------------	----------------

DATE	PERSON CONTACTED	METHOD	FOLLOW-UP REMARKS & INFORMATION

Ernie M. Nimister
PURCHASING AGENT
Ernie M. Nimister

1- 46485

REMIT AND MAKE CHECKS PAYABLE TO:

Department of Environmental Quality

Attn: Fiscal Office

P.O. Box 1760

Portland, Oregon 97207



INVOICE

FOR DEQ USE ONLY

Date Received: _____

Amount Received: _____

Bank No.: _____

Consolidated Metco, Inc.
Don Hill

TO: PO Box 03201
Portland, OR 97203

Number: **HW-022**

Date: **1/1/85**

MIT NUMBER	ITEM OR REFERENCE	AMOUNT DUE	DATE DUE
D009056037	<p>Hazardous Waste Generator Fee for 7/1/84 to 6/30/85</p> <p>Rate of Generation (cubic feet)</p> <p>1,816.21</p>	\$1,500	1/31/85

NOTE: Please return pink copy of this invoice with your remittance to ensure proper credit.

DEQ 55

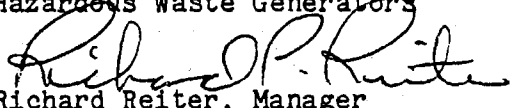
STATE OF OREGON

DEPARTMENT OF ENVIRONMENTAL QUALITY

INTEROFFICE MEMO

TO: Hazardous Waste Generators

DATE: December 27, 1984

FROM: 
Richard Reiter, Manager
Hazardous Waste Operations

SUBJECT: Hazardous Waste Generator Fees

On December 14, 1984, the Environmental Quality Commission adopted a schedule of hazardous waste generator fees (see attached). The fees will be used by the Department to partially support its hazardous waste generator compliance inspection and enforcement program. The fees became necessary to offset a reduction in federal fund support for the Department's hazardous waste program. For the period July 1, 1983 to July 1, 1985, funding for the state's hazardous waste program is shared as follows:

<u>Revenue Source</u>	<u>Direct Program Costs</u>	<u>Percent of Program Support</u>
Generator Fees	\$139,086	10.0
Permit Fees	222,130	16.0
Federal Funds	875,800	63.5
General Funds	<u>144,316</u>	<u>10.5</u>
Total	\$1,381,332	100

Based on the schedule contained in rule 340-102-060 and your reported waste generation for calendar year 1983, the Department prepared the enclosed invoice. The amount due shall be remitted to the Department by January 31, 1985.

In the future, invoices will be mailed by July 1 based on the waste generation rate of the previous calendar year. This invoice for fiscal year 1984 (July 1, 1984 to July 1, 1985) was delayed because we did not have final federal fund figures until October 1, 1984. We purposely waited for that figure to insure the Commission could adopt only that fee schedule necessary to offset the shortfall in federal fund support.

If you have any questions on the enclosed invoice, please contact Gary Calaba at 229-6534 or me at 229-6434.

RECEIVED

JAN - 2 1984

RPR:b
ZB4116

OAR 340-102-060
Subdivision F: Fees

Hazardous waste generator fees.

340-102-060 (1) Beginning July 1, 1984, each person generating hazardous waste shall be subject to an annual fee based on the volume of hazardous waste generated during the previous calendar year. The fee period shall be the state's fiscal year (July 1 through June 30) and shall be paid annually by July 1, except that for fiscal year 1985 the fee shall be paid by January 1, 1985.

(2) For the purpose of determining appropriate fees, each hazardous waste generator shall be assigned to a category in Table 1 of this Division based upon the amount of hazardous waste generated in the calendar year identified in subsection (1) of this section except as otherwise provided in subsection (5) of this section.

(3) For the purpose of determining appropriate fees, hazardous waste that is used, reused, recycled or reclaimed shall be included in the quantity determinations required by subsection (1) of this section.

(4) In order to determine annual hazardous waste generation rates, the Department intends to use generator quarterly reports required by rule 340-102-041; treatment, storage and disposal reports required by 340-104-075; and information derived from manifests required by 340-102-020. For wastes reported in the units of measure other than cubic feet, the Department will use the following conversion factors: 1.0 cubic feet = 7.48 gallons = 62.4 pounds = 0.03 tons (English) = 0.14 drums (55 gallon).

(5) Owners and operators of hazardous waste treatment, storage and disposal facilities shall not be subject to the fees required by subsection (1) of this section for any wastes generated as a result of storing, treating or disposing of wastes upon which an annual hazardous waste generation fee has already been paid. Any other wastes generated by owners and operators of treatment, storage and disposal facilities are subject to the fee required by subsection (1) of this section.

(6) All fees shall be made payable to the Department of Environmental Quality.

Table 1

<u>Hazardous Waste Generation Rate (cu.ft./year)</u>	<u>Fee (dollars)</u>
<35	No fee
35-99	\$ 100
100-499	350
500-999	625
<u>1,000-4,999</u>	<u>1500</u>
5,000-9,999	3500
>10,000	5000

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

CONSOLIDATED METCO INC
P.O. BX 03201
PLEASE PLACE LABEL IN THIS SPACE
PORTLAND, OR 97203
13940 N. RIVERGATE BLVD
PORTLAND OR. 97203

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

FORD009056037

I. NAME OF INSTALLATION

CONSOLIDATED METCO INC

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3PO BX 03201

CITY OR TOWN

ST.

ZIP CODE

4PORTLAND

OR97203

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

513940 N RIVERGATE BLVD

CITY OR TOWN

ST.

ZIP CODE

6PORTLAND

OR97203

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2BRICK DANIEL F PLT ENG

503.286.5741

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8CONSOLIDATED METCO INC

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. - FOR OFFICIAL USE ONLY														
W														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(1000)

☐ 2. CORROSIVE
(0100)

☐ 3. REACTIVE
(0010)

☒ 4. TOXIC
(0001)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE <i>Jack Porter</i>	NAME & OFFICIAL TITLE (type or print) Vice President - Admin.	DATE SIGNED 11/10/80
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ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

ORD009056037

CONSOLIDATED METCO INC
P O BOX 03210
PORTLAND

OR 97203

INSTALLATION ADDRESS

13940 N RIVERGATE BLVD
PORTLAND

OR 97203